

CA20N

Z 1

-83H021

GOVT PUBNS,



Ontario

ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence
for

14 May 1984

VOLUME 145

OFFICIAL COURT REPORTERS

Angus, Stonehouse & Co. Ltd.,
14 Carleton Street, 7th Floor,
Toronto, Ontario M5B 1J2

595-1065



ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.

Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Monday, the 14th day
of May, 1984.

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
THOMAS MILLAR - Administrator
MURRAY R. ELLIOT - Registrar

APPEARANCES:

P.S.A. LAMEK, Q.C.	)	Commission Counsel
E. CRONK)	
D. HUNT	)	Counsel for the Attorney
L. CECCHETTO	)	General and Solicitor
		General of Ontario (Crown
		Attorneys and Coroner's
		Office)
I. J. ROLAND	)	Counsel for The Hospital
R. BATTY	)	for Sick Children
D. YOUNG		Counsel for The Metropolitan
		Toronto Police
K. CHOWN		Counsel for numerous Doctors
		at The Hospital for Sick
		Children
B. SYMES	)	Counsel for the Registered
F. KITELY	)	Nurses' Association of
		Ontario and 35 Registered
		Nurses at The Hospital for
		Sick Children.


(Cont'd)



APPEARANCES (Continued)

D. BROWN	)	Counsel for Susan Nelles -
F. FISCHER	)	Nurse
G. R. STRATHY	)	Counsel for Phyllis Trayner -
P. RAE	)	Nurse
J. A. OLAH		Counsel for Janet Brownless -
		Nurse
S. LABOW		Counsel for Mr. & Mrs. Gosselin
		Mr. & Mrs. Gionas, Mr. & Mrs.
		Inwood, Mr. & Mrs. Turner,
		Mr. & Mrs. Lutes, and Mr. &
		Mrs. Murphy (parents of
		deceased children)
W.W. TOBIAS		Counsel for Mr. & Mrs. Hines
		(parents of deceased child
		Jordan Hines)
J. SHINEHOFT		Counsel for Lorie Pacsai
		and Kevin Garnet (parents
		of deceased child Kevin
		Pacsai)

VOLUME 145



Digitized by the Internet Archive
in 2024 with funding from
University of Toronto

<https://archive.org/details/31761118500875>



INDEX of WITNESSES

<u>Name</u>	<u>Page No.</u>
<u>KANTAK</u> , Anand Giottam, Sworn	3272
Direct Examination by Ms. Cronk	3272
Cross-examination by Ms. Cecchetto	3410
Cross-examination by Ms. Ms. Symes	3423
Cross-examination by Mr. Labow	3477
Cross-examination by Mr. Shinehoft	3489
Redirect by Ms. Cronk	3510

INDEX OF EXHIBITS

<u>Exhibit No.</u>	<u>Description</u>	<u>Page</u>
415	Curriculum Vitae of Dr. Kantak	3276



-- (Upon commencing at 9:30 a.m.)

THE COMMISSIONER: Before we start I would like to say something about Miss McIntyre's application for the evidence of Dr. McGee. Miss McIntyre has informed the Commission of her intention of calling Dr. Marion McGee, Dean of Nurses, Health Sciences at the University of Ottawa to give evidence upon questions relating to nursing practice, wherein she is no doubt an expert. As I understand it, the three areas on which it is proposed to examine her are as follows:

(1) the propriety or impropriety of certain specific acts of nurses upon which we have heard testimony.

(2) medication errors.

(3) A program known as Quality Assurance.

Miss McIntyre represents the Registered Nurses Association of Ontario and certain individual nurses, many of whom have been examined before the Commission, but none of whom was a member of the particular team of nurses who were present most often at the time of the onset of terminal events of the babies whose deaths we are investigating. It is



1
2 arguable that none of the proposed areas of Dr. McGee's
3 evidence is relevant to Miss McIntyre's clients
4 interests in Phase I of the Commission. Nevertheless
5 it may be that some of the evidence will be helpful and
6 I am not prepared to say in advance that she should,
7 that Dr. McGee should not testify. I will therefore
8 permit her to be called but subject to the following
9 restrictions:

10 (a) No question may be put as to the
11 quality assurance program which deals, as I understand
12 it, with the involvement of the practice presumably in
13 part to prevent control or detect another epidemic of
14 deaths. That was one of the objects of The Dubin
15 Inquiry and I am charged to consider the report of that
16 Inquiry and not to duplicate its work.

17 - - - -



A2

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

The second thing is that I expect on either Wednesday or Thursday to make a statement with respect to the problems in Phase II and I expect on Thursday, by which time I hope all of the evidence in Phase I will be in to complete the problems, resolve the problems on the argument out of Phase I, including the problems raised by Mr. Hunt.

The third statement I have is that the wheels of justice will draw entirely to an end, because I haven't got my bench book.

Perhaps if the witness could be sworn then the Registrar will get about the important business of trying to find it.

MS. CRONK; Sir, as accomodating as our new environ are, I note one problem and that is the witness will have great difficulty in getting to the witness box. I'll have Dr. Kantak leave the room and come in through the other door. I may follow you, Doctor.

THE COMMISSIONER: It gives the witness a new found opportunity.

MS. CRONK; It does, indeed. Thank you Dr. Kantak.

DR. ANAND GIOTTAM KANTAK, SWORN

MS. CRONK: Sir, having sworn the



A3

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

witness shall we take a break at the moment while your bench book --

THE COMMISSIONER: I will take notes here and transfer it.

DIRECT EXAMINATION BY MS. CRONK:

Q. Dr. Kantak as I understand it you graduated from the University of Bombay in India with a Bachelor in Medicine and a Bachelor of Surgery Degree in December of 1975; is that correct?

A. That is correct.

Q. You then interned for one year at the Goa Medical College in India?

A. That is correct.

Q. And from 1975 until 1978 you were a paediatric resident -- am I pronouncing it correctly -- Wadia Hospital?

A. That's correct.

Q. That is a Hospital for Children in Bombay, India?

A. That's correct.

Q. In December of 1978 you received your Doctorate in Paediatrics; is that correct?

A. Yes.

Q. From that University?

A. Yes.



A4

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. And, subsequently, as I understand it, you accepted a position at the Janeway Child Health Centre in St. Johns, Newfoundland?

A. Yes.

Q. When was that, Doctor.

A. July 1978. That is correct.

Q. What position did you assume at that Medical Centre?

A. Paediatrics. First year paediatric resident.

Q. On July 1st, 1980, as I understand it you left the Janeway Centre and joined the Hospital for Sick Children here in Toronto, as a third year paediatric resident?

A. That's correct.

Q. As a third year paediatrics resident at the Hospital for Sick Children, Dr. Kantak, you were assigned, I gather, for one month on a rotation basis to the cardiac wards, wards 4A and B?

A. That's correct.

Q. I have been informed that your particular assignment, by way of rotation on the cardiac wards, commenced March 3rd, 1981, and was complete on March 31st, 1981?

A. That's correct.



1
2 Q. You remained at the Hospital for
3 Sick Children until the end of June, 1981, Doctor?

4 A. That's correct.

5 Q. Where did you go then?

6 A. I went to the Chief Resident at
7 the Janeway Child Health Centre in St. Johns,
8 Newfoundland.

9 Q. You returned to Newfoundland?

10 A. Yes, that's correct.

11 Q. How long did you remain there?

12 A. I was there for about 9 months
13 and then from there I went, as a Clinical Fellow, to
14 the University of Texas Medical Branch in Galveston.

15 Q. Are you still at the University
16 of Texas in Galveston, Texas?

17 A. That is correct. This is my third
18 year in Texas.

19 Q. What is your position now?

20 A. I am a Research Fellow in the
21 Department of Paediatrics, Division of Allergy and
22 Immunology.

23 Q. Doctor, you have been kind enough
24 through your Counsel to provide me a copy of your
25 curriculum vitae. I am going to ask you to examine
it, if you would, and, if at all possible identify it



A6

1
2 as accurately setting out your educational and
3 professional background as we have just reviewed it.

4 A. Thank you.

5 Q. Forgive me, Doctor, I appear to be
6 perhaps for the first time in 11 months trapped in
7 the corner here, so could you tell me if the curriculum
8 vitae is as I have suggested?

9 A. That is correct.

10 Q. So, I would ask that it be marked
11 as the next Exhibit, please.

12 THE COMMISSIONER: Just in time to give

13 the exhibit.

14 ---EXHIBIT NO. 415 Curriculum Vitae of Dr. Kantak.

15 MS. CRONK: Thank you, sir. Dr. Kantak
16 I would ask you to think back if you would to certain
17 of the events at the Hospital for Sick Children on the
18 cardiac wards during the period July, 1980, when you
19 started at the Hospital until the end of March, 1981,
20 and in particular, we are interested in certain of the
21 events which occurred while you were serving as a
22 third year paediatrics resident on the ward, that is
23 the events during the month of March, 1981. As I
24 understand it, Doctor, you were on call in your
25 capacity, as a third year paediatrics resident on wards
4A, 4B, on Wednesday, March 11th, 1981, when a patient



A7

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

by the name of Kevin Pacsai was admitted to ward 4B;
is that correct?

A. That's correct.

Q. Do you remember this patient,
Doctor?

A. Very well.

Q. We know, Doctor that Kevin Pacsai
was admitted to the Hospital for Sick Children and
examined initially by Dr. Jeffrey Kobayashi, who has
testified here before the Commission. He was one of
your fellow residents at the time?

A. I know him very well.

Q. And he was one of your Fellow
residents?

A. That is correct.

Q. Were you involved in the
admission and initial examination of Kevin Pacsai?

A. No, he did the initial admission
and the examination and he saw the patient first.

Q. When did you first see Kevin
Pacsai?

A. I was on call, so Jeff gave me
over of the patient at about 5:00 or 6:00 o'clock
in the evening and since that time I assumed
responsibility of Kevin Pacsai.



A8

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. When you say when Jeff gave you over I take it you mean Dr. Kobayashi turned over patient responsibility to you at about 5:00 or 6:00 p.m. in the evening on Wednesday, March 11th?

A. That's correct.

Q. Did you shortly after the turn over have occasion to personally observe and examine Kevin Pacsai?

A. Yes, many times.

Q. Let's talk about the first time if we might. Did you see him for the first time shortly after the turn over?

A. Yes. During the turn over we give over around the bed, so I saw the child at that time, the first time.

Q. Dr. Kobayashi was with you then?

A. That's correct.

Q. What was your impression of Kevin Pacsai's condition, as you observed it at that time?

A. Kevin was stable at the time I saw him. As I stated, by stable I mean that his heart rate was regular. He looked pink. He was active. He was sucking and everything at that time, looked normal on him.



A9

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. What was the plan for Kevin's treatment at that stage, as you understood it?

A. Well, Kevin had an IV going, intravenous going and the fluid maintained on him was very low just to keep the IV open. He was on feeds. He was taking feeds and the plan was to investigate the cause of his -- with which he was transferred to Hamilton McMaster University in a shock like state. He was transferred from Hamilton to the Hospital for Sick Children for investigation of his shock like state.

Q. For observation, I take it and investigation as to what caused that state?

A. That's correct.

Q. Did you see any clinical symptoms of that state when you first observed the child?

A. No, not at all. He was stable.

- - - -



B-1

IT/hr

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Doctor, do you have Kevin
Pacsai's medical chart there in front of you?

A. Yes, I think I do.

Q. That is Exhibit 106?

A. That's correct.

Q. Could I ask you to turn to
page 75, if you would, please, Doctor.

A. Yes..

Q. You will see at page 75,
Doctor, that before Dr. Kobayashi left on Wednesday,
March 11th, he had ordered what he has told us was
a general cardiac work-up on Kevin Pacsai, and to that
end had ordered a number of specific tests to be
undertaken?

A. Sure.

Q. Do you see that answer?

A. Yes.

Q. And these we have been told
are the orders that Dr. Kobayashi made at that time.
Were you made aware by Dr. Kobayashi that he had
ordered a series of tests for Kevin ?

A. Yes. I was supposed to check
on them when the results came in that evening.

Q. And I take it you did discuss
then the orders of Dr. Kobayashi?



1

2

A. Yes, that is correct.

3

Q. And as I have heard what

4

you said he instructed you to wait and obtain the

5

results and consider the matter further when the results
were available?

6

A. That is correct.

7

Q. You will note that amongst

8

the orders made by Dr. Kobayashi, Dr. Kantak, is an

9

order for a digoxin level. Do you see that answer?

10

A. Yes, I do.

11

Q. He also ordered a maintenance

12

dose of digoxin to be prescribed to the child?

13

A. Yes.

14

Q. Do you see that as well?

15

A. That's correct.

16

Q. Were you aware at the time

17

of taking over the care of this child that those

18

orders had been made by Dr. Kobayashi?

19

A. The orders had been made by

Dr. Kobayashi?

20

Q. Yes.

21

A. Yes, I was aware of those.

22

Q. All right. Was it your

23

understanding then, Doctor, at that time that Kevin

24

Pacsai was to be started on digoxin therapy that night?

25



1
2 Yes, that's correct.

3 Q. Did you have any discussion
4 with Dr. Kobayashi before he left the ward about
5 holding Kevin Macsai's digoxin treatments until the
6 results of the digoxin level had been obtained?

7 A. I don't recollect that. I
8 do not recollect it.

9 Q. Do you recall one way or the
10 other or do you recall that it did not happen?

11 A. I recall it did not happen.

12 Q. What was your understanding
13 at so why a digoxin level had been ordered?

14 A. Well, he was on digoxin when
15 he was transferred from Hamilton and we continued
16 digoxin and we would obtain a level as on any cardiac
17 ward patient. All patients who were on digoxin, he
18 would order a digoxin level, done every week or just
19 to monitor the digoxin.

20 Q. As a matter of standard
21 practice you are suggesting?

22 A. That is correct.

23 Q. We have heard from Dr.
24 Kobayashi that although he ordered a digoxin level
25 at that time and as well maintenance digoxin therapy
was to be started, he had an oral discussion as he



1
2 recalls it with the nurses on the ward and indicated
3 that digoxin was not in fact to be given to the child
4 until the results of that level came back.

5 Q. Were you aware of that, Doctor?

6 A. I do not recollect that. I
7 not remember that.

8 Q. Do I take from that that it
9 was your understanding when Dr. Kobayashi left the
10 ward that the child was in fact to receive digoxin
11 that evening?

12 A. I'm not sure. I don't know.

13 Q. You don't remember either
14 way?

15 A. No.

16 Q. Do you remember any specific
17 discussion with Dr. Kobayashi at all concerning digoxin
18 for that child before Dr. Kobayashi left?

19 A. No, I don't remember.

20 Q. Was there anything about
21 Kevin Pacsai's clinical condition that you observed
22 at approximately 6:00 o'clock that night, Doctor,
23 which caused you any degree of concern with respect to
24 digoxin or the digoxin therapy -

25 A. No.

Q. - that you knew that he had



1

2

been on at McMaster?

3

A. No, not at all.

4

Q. He was not manifesting any
5 symptoms at that time -

5

6

A. No.

7

Q. - that caused you to be
8 concerned about that drug's influence on the child?

8

9

A. No.

10

Q. After you had examined Kevin
11 for that first time, Doctor, did you subsequently
12 during the course of the evening obtain results of
the various tests that Dr. Kobayashi had ordered?

12

13 A. Yes, that is correct.

13

14 Q. Do you remember now when you
15 learned the results of the various tests that are
set out at pages 75, 76?

15

16

A. Yes.

17

Q. When was that?

18

A. About 9:00 o'clock I received
19 somewhere around 8:00 or 9:00 o'clock I received
20 results of electrolytes, blood count and renal status,
21 BUN and creatinine, so I got results of that and I
checked those.

22

Q. And in your view did the
23 results cause you any concern? Was there anything

24

25



1

2

manifested in the test results that caused you any
level of concern with respect to the child ?

3

4

A. No.

5

6

Q. Were the results on all of
those tests normal?

7

A. Yes.

8

9

10

Q. And I take it, perhaps you
can tell me, did you receive during the course of
the evening the results from the digoxin level that
had been ordered?

11

A. No.

12

13

Q. To your knowledge was that
test in fact undertaken that night or was it to be
done the next day?

14

15

16

A. I'm not sure of that, if
blood was taken for digoxin level or not; I do not
know that.

17

18

19

Q. Well, before Dr. Kobayashi
left the ward, Doctor, when you were discussing these
orders with him, did you see anyone take a blood
specimen for the purposes of digoxin level?

20

21

22

23

24

25

A. I not remember having anyone
taking blood from him, but I got the result, I was
supposed to check on the results and I checked those
results supposed to be - results which would be obtained



1
2 on that day. I checked those.

3 Q. And you told us that that
4 did not include the results of a digoxin level?

5 A. No.

6 Q. All right. And when you say
7 you do not recall anyone taking blood, am I correct
8 that for the purposes of the other tests that Dr.
9 Kobayashi ordered certainly blood samples would
have had to be taken?

10 A. Sure.

11 Q. All right. And when I asked
12 you whether or not you saw blood being taken for the
13 purposes of a digoxin level, did you see blood
specimens being taken at all?

14 A. No.

15 Q. All right. Doctor, did you
16 at that time - I'm sorry, were you at that time aware
17 of the digoxin level or levels that had been recorded
18 on this child at the referring Hospital before he
19 arrived?

20 A. Yes, that is correct. I
21 was aware of it to my recollection which is within
22 normal limits, and I do not have any problems with
starting digoxin on that child with those levels.

23 Q. All right. Under those
24
25



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

circumstances, Doctor, you knew there had been a level
of 1.3 which you describe as being within the normal
range?

A. Sure.

Q. That was at the referring
Hospital?

A. Yes.

Q. And you knew Dr. Kobayashi
had ordered digoxin therapy?

A. That is correct.

Q. You didn't know anything
about his oral instructions to hold digoxin until
the level came back?

A. That's correct.

Q. Do I have that correctly?

A. Yes.

Q. In your own mind were you
concerned at all about starting digoxin on that child
that evening in the absence of knowing what his
digoxin level at the time of admission was?

A. That's correct.

Q. I'm sorry.

A. I was not - I was not -
digoxin was started on him and I was not concerned
that digoxin was started .



1

2

3

4

Q. All right. Doctor, at some point that evening did you leave the ward to attempt to get some sleep?

5

A. That is correct.

6

7

Q. You were on call I take it throughout the course of the whole night?

8

A. That's correct.

9

Q. Do you remember now what time it was when you left the ward?

10

A. About 12:30 , 1:00 o'clock

11

in the morning.

12

Q. All right. And where did

13

you go?

14

A. I went to the fourth floor in the resident's quarters just around the corner in the central core of the building, Hospital for Sick Children which are the quarters provided for the residents, those who are on call.

15

16

17

18

Q. And as you remember it now

19

it was about 12:30 or 1:00 o'clock in the morning

20

when you left?

21

A. Yes.

22

Q. Could it have been a little

23

bit earlier or a little bit later, Doctor?

24

A. No, it would be a little

25



1
2 bit later rather than earlier. About 1:00 , 1:30 I
3 would think.

4 Q. Well, Doctor, I am not sure
5 that there is any magic in the precise time.

6 A. Yes.

7 Q. But I would welcome your
8 best recollection today as to when you left the ward?

9 A. 1:30.

10 Q. 1:30?

11 A. Yes.

12 Q. Doctor, do you recall after
13 the events of March, 1981 being asked, and indeed
14 testifying at the preliminary hearing involving Susan
15 Nelles?

16 A. Yes.

17 Q. All right. I don't think it
18 necessary to refer you to the exact portion of your
19 evidence, but it is found, Mr. Commissioner at Volume
20 25(2) at page 10, and I am going to suggest to you,
21 Dr. Kantak, when asked the same question at the
22 preliminary hearing you indicated you left the ward
23 at about midnight.

24 Do you remember being asked a question
25 of that type and giving that answer?

A. That is correct. I recall



1

2

3

4

that I said 12:00, 12:30, but, you know, you could be half an hour here and there. If you asked me one question I would say 1:00, 1:30.

5

Q. All right. That's the point of my concern.

6

7

A. Sure.

8

9

Q. You told me initially it was as you remember it about 12:30 or 1:00 o'clock in the morning?

10

A. That's correct.

11

12

Q. Right. And then I asked you whether it could have been a little bit earlier or a little bit later.

13

14

A. Yes.

15

16

17

Q. Do I take it that you are now saying that it could have been, it could have been a little before 12:30, a little after 1:00 o'clock or do you in fact remember?

18

19

A. 1:00 o'clock, 1:30. I would stick to 1:30.

20

21

Q. All right. Doctor, in fairness I am obliged to ask you are you guessing now?

22

A. No.

23

24

25

Q. Or is that your best recollection of when you left the ward that night?



1

2

3

A. No, I'm not guessing. That is the best recollection I have.

4

5

6

Q. When did you normally leave the ward to try and get some sleep when you were working on call on the night hours?

7

8

A. That's the time. Always 1:00, 1:30 was the time I used to leave the ward.

9

10

Q. All right. I take it then you do not think on this particular occasion you left the ward as early as midnight?

11

12

A. No.
Q. Before you did leave the ward did you have occasion to see Kevin Pacsai again?

13

14

A. Yes.

15

16

Q. How did that come about?

17

18

A. Well, just before I go to sleep I usually take a round in the ward, 4A and 4B, talk to the nurses, any problems on the ward, and then I leave the ward.

19

20

Q. That was your normal practice?

21

22

A. That is right.

23

24

25

Q. And did you observe that practice that night?

A. Yes.

Q. And in the course of that



1
2 did you both see Kevin Pacsai personally and discuss
3 him with the nurses then on duty?

4 A. Yes. I remember having seen
5 Pacsai and not discussing his condition because his
6 condition looked normal at that time.

7 Q. That was my next question,
8 Doctor. Did you observe anything at all at that time
9 before leaving the ward to get some sleep that you
10 considered to be abnormal in Kevin Pacsai's condition?

11 A. No.

12 Q. Was he on a cardiac monitor
13 at that stage?

14 A. Yes.

15 Q. Right. Were the monitor
16 readings normal?

17 A. Yes.

18 Q. Had his condition in any
19 way in your judgment changed from that which you
20 had observed throughout the course of the evening?

21 A. No.

22 Q. Was there anything in his
23 heart rate that you considered to be notable at that
24 time?

25 A. Not at all.



DM/ac

C-1

1

2

Q. Was it normal in your view?

3

A. Yes.

4

Q. I would ask you to turn

5

to page 65 of his chart if you would please. Do

6

you have that?

7

A. Yes.

8

Q. I'm going to refer you

9

Doctor first to the nursing note which appears at
the top of page 65.

10

A. Right.

11

Q. It appears to have been

12

made by Nurse Susan Nelles, and the time you will

13

see is from 1900 hours on March 11th to 3:45 in

14

the morning on March 12th; do you see that?

15

A. Yes.

16

Q. I will refer you specifically

17

to Ms. Nelles' note concerning the child's apex or

18

heart rate; and you will see that she has observed

19

or recorded that the heart rate was ranging from 151

20

when the child was upset down to 87 when the child

21

was asleep. That the babe had slow, fast, irregularity
on three occasions up until approximately 3:45 o'clock in
the morning, do you see that?

22

A. That's correct.

23

24

25



C-2

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. Correct in the sense that
that is what the note reads?

A. Yes.

Q. Doctor before you left the
ward to go to sleep, did you notice any irregularity
in Kevin Pacsai's heart rate?

A. This is not an irregularity
the heart rate from 87 to 151; when he is upset a
heart rate of 120-30-40 is normal for infants when
they are resting and peaceful the heart rate could
go up to 90, so that I consider as a normal heart rate.

Q. Doctor, let me ask you the
question this way. Before you left the ward that
night were you aware that Kevin Pacsai's heart rate
was fluctuating in the manner suggested and recorded
by Miss Nelles' note?

A. Yes.

Q. And you did not consider,
or were you aware that it had been fluctuating at
times as high as 150?

A. Yes.

Q. Were you aware as well that
it has gone down as low as 87?

A. Sure.



C-3

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. That range you consider to be normal?

A. Yes.

Q. Were you subsequently called upon to return to the ward that night?

A. Yes, correct.

Q. And how did that come about please?

A. Well, I was called to attend another patient who had an emergency, Baby Manojlovich who they called a code on and I came to assist in the code. By the time I arrived on the ward it was about 3:00 o'clock in the morning, 2:30 o'clock, 3:00 o'clock, I don't know exactly again. I came to the ward and there was a 25 code called already, so there were people who were assisting in that code, for that code. I went and I stood by if they wanted information on the child because I was in charge of the ward.

Q. By the time that you came back from the ward Doctor and you say there were people already there?

A. Yes.

Q. Was the Arrest Team already there?



C-4

1

2

A. Yes, the Arrest Team was
there specifically.

4

Q. And were they in the course
of attempting to resuscitate the baby?

5

6

A. That's correct.

7

Q. Mr. Registrar could you
show the Doctor if you would please Michelle
Manojlovich's chart, and it is Volume 1, Exhibit 111.
Doctor, I would ask you to look first if you would
please at page 181 of the chart.

10

11

A. That's correct.

12

Q. Page 181, do you have that
Doctor?

13

14

A. That is correct.

15

Q. I'm having difficulty reading
it from here, it appears from this distance to be
a different page than the one I am looking at, is
it not page 181?

17

18

A. Yes.

19

Q. I would ask you to look at
the nursing note which appears there.

20

21

A. Yes.

22

Q. Dated the 12th of March,
1981, do you see that?

23

24

25

25



C-5

1

2

A. Yes, I do.

3

Q. The nursing note suggests

4

that at 2:00 o'clock the vital signs were recorded, the
child's apex was 114 and the respiration was 48, '

5

6

and the babe was fine until 2:30 o'clock, a code 25 was
called, the Arrest Team arrived and CPR was stopped

7

at 3:35 o'clock, do you see that?

8

A. That is correct.

9

Q. That suggests Doctor that

10

at approximately 2:30 in the morning that the code 25
was called.

11

12

A. Yes.

13

Q. Do you see that?

14

A. Yes.

15

Q. I would ask you to turn

16

back to the prior page if you would please. There
is a note which appears in the second half of the
page and continues over to page 181.

17

18

A. Yes.

19

Q. Is that your note Doctor

20

of the event surrounding that child's arrest?

21

A. Yes, that is the note.

22

Q. And you will note that the

23

note that you made is - at least the time entry reads

24

25

25



C-6

1

2

3:00 in the morning.

3

A. Yes.

4

Q. And you indicated you were

5

called to a code 25 and then you go on the describe
the child's condition; do you see that?

6

A. That's correct.

7

Q. Then finally Doctor I would

8

ask you to look at page 183 if you would.

9

A. Yes.

10

Q. Which I suggest is a note

11

that appears to have been made by Dr. Costigan.

12

A. That's correct.

13

Q. And he indicates that he

14

was called to a code 25 on 4B for this child at

15

2:35 in the morning.

16

A. That's correct.

17

Q. Doctor I'm interested only

18

to establish the time insofar as we can as to when

19

you returned to the ward, and I take it I can fairly

20

suggest on the basis of this record that it was

21

sometime after 2:35 o'clock in the morning.

22

A. That is correct.

23

Q. Was it your custom Doctor

24

when making notes in the medical record of a patient

25

26

27



C-7

1

2

3

4

to record the time at which you arrived on the ward
and observed the child, or rather the time at which
you were actually making the note?

5

6

7

8

A. Well usually the time I
arrive on the ward, but you know, these notes are
written after I have attended the child, so maybe
I may have seen the time at that time and written
the note at that time.

9

10

11

Q. So sometime then you arrived,
between 2:35 o'clock in the morning and 3:00 o'clock,
when you made your note?

12

13

14

A. Yes.
Q. Did you actually attend
in Michelle Manojlovich's room and observe the people
who were attempting to resuscitate the child?

15

16

17

A. That's right. I did not
participate in the resuscitation of Manojlovich
but I was there if they needed help.

18

19

20

Q. Do you recall now, Doctor,
who was present in the room other than the Arrest
Team when you arrived?

21

22

23

24

25

A. No, I do not recollect.
Q. Do you know Nurse Susan
Nelles?



C-8

1

2

A. Very well, yes.

3

Q. Was she present in Michelle

4

Manojlovich's room when you arrived?

5

A. I think she was, but I

6

am not sure.

7

Q. Do you know Nurse Phyllis

8

Trayner?

9

A. I know her well, yes.

10

Q. Was she present in Michelle

Manojlovich's room when you arrived?

11

A. Again I think she was present,

12

yes.

13

Q. You say you think that both

14

Ms. Nelles and Mrs. Trayner were in the room when

15

you arrived. Let us deal with Miss Nelles first.

16

Did you remain throughout the entire arrest and

17

resuscitation procedure until the child was pronounced
dead?

18

A. That is correct.

19

Q. You were there the whole

20

time?

21

A. Yes.

22

Q. And you were there when

23

the child was pronounced dead?

24

25



C-9

1

2

A. That's right.

3

Q. Was Miss Nelles in the

4

room from the time that you arrived until the

5

child was pronounced dead, or do you remember?

6

A. No, I don't remember.

7

Q. Similarly was Mrs. Trayner

8

was Mrs. Trayner in the room from the time you

9

arrived until the time the child was pronounced dead,

10

or do you remember?

11

A. No, I don't remember.

12

Q. When you say you think

13

Mrs. Trayner was in the room when you arrived, do

14

you remember observing her actually in the room, or

15

was she by the door?

16

A. I remember her in the room,

17

both Susan as well as Trayner was in the room.

18

Q. I take it then you cannot

19

help us, however, as to how long either woman remained

20

in the room during the course of the resuscitation?

21

A. That is correct.

22

Q. After the child had been

23

pronounced dead, Doctor, and I take it you were still

24

in the room at that time, do you remember noting

25

then which nurses were present?



C-10

1

2

A. No.

3

Q. And I take it there would

4

have been a number of nurses present in addition

5

to Nurse Susan Nelles and Mrs. Trayner if they were

6

there?

7

A. Yes.

8

Q. Did you have occasion to

9

see Kevin Paksai again after Michelle Manojlovich

10

had been pronounced dead Doctor?

11

A. Well what happened was after

12

I had - after Baby Manojlovich was pronounced dead,

13

Susan Nelles came to me and told me that Kevin had

14

been having a problem that the heart rate was dropping off

15

and on to a considerable degree. At that time I

16

went to see Kevin and I found that he looked again

17

pink, his heart rate at that time, plus when I saw

18

it the first time was normal around 110, 120, there

19

was no problem, he was breathing all right. So I

20

observed him for some time and he did have episodes

21

of bradycardia and a heart rate of about 60 to 70,

22

that is correct.

23

Q. Could we stop there for a

24

moment Doctor?

25

A. Okay.

26

27

28



C-11

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Is it your recollection
that Miss Nelles came to you and expressed this
concern about Kevin Pacsai after Michelle Manojlovich
had been pronounced dead?

A. Yes.

Q. The resuscitation procedure
for that child was not still ongoing?

A. No.

Q. As we have seen from the
nursing note made by Miss Nelles on Michelle
Manojlovich's chart - I'm sorry it is not a note made
by her, it is the nursing note that I referred to
you, that cardiopulmonary resuscitation for Michelle
Manojlovich had stopped at approximately 3:35 o'clock
in the morning, do you recall that?

A. That is correct.

Q. Would it be fair of me
to suggest then that it was sometime after 3:35 o'clock
in the morning that you had this discussion with
Miss Nelles and then went in to see Kevin Pacsai?

A. That is correct.

Q. Could I ask you to look
at Kevin Pacsai's medical chart again, this time
page 65, and I am going to refer you Doctor to the



C-12

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

to the second nursing note on that page, this is
the nursing note that covers the period from 3:45
o'clock in the morning until 6:00 o'clock a.m., do
you see that?

A.

Yes. I do.



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

D/RD/LN
1

Q. And the very first note that is recorded, and this happens to be a nursing note by Miss Nelles, has to do with nutrition and it indicates at approximately 4:00 a.m. an attempt was made to feed the baby and its behaviour was entirely different from the other two times.

She goes on to describe what his behaviour was at that point in time. Doctor, when you went into see Kevin Pacsai, as a result of Ms. Nelles' request, was she in the course of feeding the child?

A. No.

Q. Did you observe her feeding the child at any point that morning?

A. No.

Q. Did she tell you whether or not she had just completed a feeding?

A. Well, she didn't tell me and what I did was, after I saw she had bradycardia I discussed this case with the Fellow, Dr. Ning and we planned on stopping her, stopping his feeds.

Q. I take it, then, that if Ms. Nelles, as the note suggested, and, indeed as she testified, attempted to feed the baby at 4:00 o'clock in the morning it would have been before she came to you and asked you to come in to see the baby?



D2

1

2

A. Yes, maybe.

3

4

Q. Was there anyone with you other than Ms. Nelles or indeed, was Ms. Nelles there when you were examining the baby?

5

6

A. Yes, Ms. Nelles was there when I was examining the baby.

7

8

Q. All right. Was there anyone else present when you went in to examine the baby?

9

10

11

12

13

A. I don't recollect anybody being there, but from that time onwards several of us, several of our Doctors saw the child. I saw with Dr. Ning. I saw alone and with Dr. Ning and then Dr. Costigan. Off and on we have been seeing the baby alone, as well as with other people.

14

15

16

Q. Doctor, the very first time you saw the baby after Ms. Nelles came to you, do you recall Mrs. Traynor being there?

17

18

19

A. No, I don't recall.

20

21

22

23

24

25

Q. All right. Dealing with the same time, do you remember whether or not Dr. Costigan was present?

A. Dr. Costigan was there, but not for the first time. I saw the child alone, the infant alone for the first time and then I saw with Dr. Costigan and I saw with Dr. Ning.



D3

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. We will come then to the later discussions with Dr. Costigan and Dr. Ning. I take it neither of those two physicians were with you the very first time you examined the baby?

A. No, that is correct.

Q. You have told us that when you first observed Kevin he appeared to be normal, he was pink, his heart rate was approximately 110?

A. Yes.

Q. And there was no difficulty or any degree of concern that would attached to those symptoms?

A. That is right.

Q. I take it you remained with the child for a few moments and during the course of that time you did observe a slower heart rate?

A. That's correct.

Q. Other than a slower heart rate could that be appropriately described as bradycardia?

A. Yes. It would go to about 60 and he recorded a little bit of stimulation so he would pick up that rate.

Q. Did you at that time, Doctor, observe any bouts of tachycardia?

A. No, not tachycardia. More of bradycardia.



D⁴

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Did you at that time, observe what might be described of any form of conduction block or abnormality on the cardiac monitor strip?

A. No. In fact, I looked for it and I didn't find any.

Q. Do I have it correctly then the only abnormality that you observed was this slowing heart rate?

A. That's right.

Q. Would did you do then as a result of having observed that?

A. I discussed with Dr. Ning, who was already there, because of the other baby, the other child, and we did a full EKG on the child just to make sure he didn't have any conduction block and the EKG appeared completely normal. We sat down and saw the EKG, spent considerable time on it and then we decided that we should stop the digoxin on the child, on Kevin I mean, and observe him and stop his feeds and increase his IV rate so that he gets enough fluids.

Q. Was Dr. Ning with you in the room observing the child at this point?

A. Yes. He did observe on several occasions.



D5

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. Let's talk about this occasion,
Dr. Kantak?

A. Yes.

Q. After you had seen the baby did
you then go and get Dr. Ning or did he join you in
the child's room?

A. I got him and we both saw the
child together.

Q. And Dr. Ning with you personally
observed the child further at that stage?

A. That's correct.

Q. All right. Doctor, you will recall
that I have drawn your attention to the nursing note
made by Ms. Nelles earlier on the night which covered
the period from 1900 hours to 3:45 in the morning and
you will remember that we talked about the apex that
she recorded at that time, that it was fluxuating from
151 down to 87 when the child was asleep, with the
bouts of bradycardia or the slowing heart rate which you
observed at about 4:00 o'clock in the morning when the
child was awake or when the child was asleep?

A. The child was in the sense asleep.

Q. All right. Doctor, my question --

A. But he had a transient period.

I don't know -- what is the question again? Sorry I
don't understand it.



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. When you observed a slowing heart rate at approximately 4:00 o'clock in the morning was the child awake or was the child asleep when you noted that?

A. It is hard to say.

Q. You don't recall?

A. No.

Q. All right. Doctor, my point is this: when you observed the child at 4:00 o'clock in the morning did you consider that his condition had changed from what you had seen earlier in the morning before going off to sleep?

A. Okay. When Susan came and told me and says when he gets bradycardia results he gets a little off colour and that was concerning, so when I observed Kevin for sometime his heart rate first did go down. When stimulated he became all right. He was pink. On subsequent, a few minutes, and what happened he had bradycardia and he went off colour. That was different from what was happening before.

Q. In what respect, Doctor?

A. That he went off colour, that his colour was not as pink as it was before.

Q. I see. All right. And you have told us that you then discussed it with Dr. Ning and



D7

1
2 indeed, Dr. Ning came and observed the child with you
3 and you had a full EKG ordered. What was your
4 impression at that time, as to what might be causing
5 episodes of bradycardia?

6 A. We see a lot of these infants are
7 admitted to cardiac wards with bradycardia. I presume
8 that this must be one of those children who had this
9 bradycardic episode who would recover from that
10 episode. It was different from what I saw before.
11 Before he had nothing like this. Now he started
12 having this, so I would require the child to be observed,
13 very closely and one of the things that
14 happened was that digoxin, itself, may be causing
15 bradycardic episode. That was in my mind and that
16 is the reason why I stopped digoxin.

17 Q. That, I take it, was something
18 that occurred to Dr. Ning, as well, when jointly you
19 decided to hold the digoxin?

20 A. That's correct.

21 Q. Did either Dr. Ning or yourself
22 at that time consider any other possible explanation
23 for those episodes of bradycardia other than the
24 possible effect of digoxin?

25 A. The other thing we were
considering was that if he was septic or not, had an



D8

1
2 infection, we checked in order to make sure that he
3 was on antibiotics and indeed, he was on those
4 antibiotics, so that was another thing we were
5 considering. The third possibility was that his
6 heart lesion may have been very traumatic or conduction
7 abnormalities. We were looking closely for that.

8 Q. At the conclusion of your
9 discussion with Dr. Ning then did you proceed to
10 order the digoxin should be held?

11 A. Yes.

12 Q. Could I ask you to turn to page
13 74 of the child's chart, Dr. Kantak. Doctor, you
14 will see there two orders, the first at 2230 hours
15 on March 11th. That is 10:30 at night?

16 A. That is right.

17 Q. Is that your order?

18 A. Yes, that is mine.

19 Q. As well, there is a second order
20 again dated March 11th and this order provides that
21 digoxin was to be held and the digoxin level was
22 to be taken the next day? Do you see that?

23 A. That is correct.

24 Q. Is that your order, Doctor?

25 A. Yes that is my order.

Q. Do you recall having ordered



1
2 digoxin to be held earlier in the evening, that is
3 on March 11th?

4 A. No. This is a mistake on my
5 part. It is the 12th of March. That is the early
6 morning hours after I'd seen Kevin and after I found
7 him having problems. That is the time this order was
8 written, because it clearly states that he should
9 be kept, should be given nothing by mouth. His IV
10 rate has to be increased, but he should be kept in
11 oxygen and we are to hold digoxin and do a digoxin
12 level. That was written sometime between 3:00 and
4:00 o'clock in the morning.

13 Q. All right. Doctor, you have
14 told us, as we have gone over the events, that it was
15 at the conclusion of Michelle Manojlovich's arrest
16 that Susan Nelles came to you and asked you to see
Kevin Pacsai?

17 A. That's right.

18 Q. And we know that that arrest and
19 resuscitation effort was concluded approximately
20 3:35 in the morning?

21 A. That's right.

22 Q. So we know from Ms. Nelles'
23 nursing notes that she attempted to feed Kevin
24 Pacsai at approximately 4:00 in the morning?
25

D9



D10

1

2

A. Yes.

3

Q. You agreed with me it was likely

4

therefore, you saw Kevin sometime shortly after 4:00

5

in the morning?

6

A. That's right.

7

Q. Is it your evidence then that

8

this order to hold digoxin was made by you after that
observation of Kevin and not at an earlier point in the
evening?

9

10

A. That is correct, absolutely after

11

that.

12

Q. Can you help me, Doctor, or

13

provide any explanation as to why the order should
bear the date of March 11th if that were the case?

14

A. I don't know. It is a mistake.

15

I was still one 24 hours behind. I was on the 11th.

16

Q. Doctor, fairly at any point earlier in

17

the evening do you recall having had a discussion with

18

anyone, any of your fellow physicians as to the

19

desirability of holding digoxin on this child?

20

A. No.

21

Q. That subject came up for the

22

first time when you observed the child at approximately
4:00 o'clock in the morning?

23

A. That's right.

24

25



1
2 Q. That was as a result of your
3 attendance with Dr. Ning; is that correct?

4 A. That's right. And Dr. Costigan
5 afterwards.

6 Q. Doctor, you have told us that
7 as you recall the events that morning you first
8 examined Kevin Pacsai alone and that you subsequently
9 did so with Dr. Ning and, at that time, ordered a
10 full EKG to be done; is that correct?

11 A. That is correct.

12 Q. And you have told us that as
13 you remember it, Dr. Costigan was not present on either
14 of those two occasions; is that correct?

15 A. That's correct.

16 Q. Dr. Kantak I am obliged to tell
17 you as perhaps you are aware, that Susan Nelles has
18 testified before the Commissioner and she has given
19 evidence in some detail as to her recollection of
20 events the night Kevin Pacsai died. She testified that
21 when she discovered Kevin to be in difficulty that she went
22 to you and to Dr. Costigan and that you and Dr.
23 Costigan together examined the child. This evidence
24 Sir, is found at Volume 126, page 8715 to 8719.
25 She further testified, Dr. Kantak, that it was while
Dr. Costigan was in the room with you examining



1
2 Kevin Pacsai that 2 to 1 heart block was observed
3 on Kevin Pacsai's cardiac monitor.

4 A. That's correct. Subsequently
5 not an issue. Initially I had examined the child and
6 I had examined the child alone and then with Dr. Ning
7 and subsequently with Dr. Costigan, at which time we
8 observed a 2 to 1 block on the heart monitor. That
9 is correct.

10 Q. You observed a 2 to 1 heart
11 block with Dr. Costigan on a subsequent occasion?

12 A. That's correct.

13 Q. Is it your evidence with the
14 benefit of Ms. Nelles' testimony that you first
15 examined Kevin Pacsai alone and Dr. Costigan was not
16 there. You then went to fetch Dr. Ning and you
17 jointly then observed the child again Dr. Costigan
18 not being there?

19 A. That's correct.

20 THE COMMISSIONER: I'm sorry, it is
21 your evidence. Do you need the assistance of Ms.
22 Nelles' testimony to remember that or do you remember
23 it yourself?

24 THE WITNESS: I remember it myself.

25 THE COMMISSIONER: Yes, all right.

MS. CRONK: Q. Indeed, Doctor, as I



D13

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

understand it you are telling us that your
recollection does not accord with Ms. Nelles. That
you observed the baby alone the first time?

A. Well, that is how I recollect it.
I'm pretty sure of that.

Q. Thank you, Doctor. What did Dr.
Ning do after you had had your consultation with him,
if you will, concerning Kevin Pacsai?

A. As I remember it, he left the
ward. I don't know where he went, but he did leave
the ward; yes.

Q. Did you ask Dr. Ning where he
was going or did he tell you?

A. No, he didn't, but he had asked
me to contact him if I needed him.

Q. What did you do Doctor, after you had
had your consultation with Dr. Ning and after you had
made the order we have seen dated March 11th, you say
was made at approximately 4:00 o'clock in the morning?

A. Okay. So I made this order. I
went again and I saw Kevin. He had developed a block
and I spoke with Dr. Costigan and we collectively
decided that the child should be transferred to the
intensive care unit for the following reasons; 1, the
concern we had, the nurses, and we had about the child



D14

1
2 and secondly, there was already an arrest had taken
3 place in our ward and we thought it would be best
4 to transfer the child for closer observation to the
5 intensive care unit.

6 Q. We are now at the point where
7 Dr. Ning has left the ward. You have made the orders
8 that are shown in the chart. You have observed
9 episodes of bradycardia, but not at that stage 2 to 1
heart block.

10 A. That's right.

11 Q. Did you, yourself, then return
12 to the residence quarters and attempt to get some
13 sleep at that stage?

14 A. No way.

15 Q. What did you personally do?

16 A. I was there in the ward. While
17 I was there seeing Kevin off and on and I was there
18 talking to people, like Dr. Costigan, to the nurses
19 and I was at the nursing station, as well as in the
room with Kevin, yes.

20 Q. When you say that Dr. Costigan
21 and yourself observed 2 to 1 heart block was there a
22 time when -- I'm sorry, was there a time when you
23 observed a change in Kevin's condition which you felt
24 warranted involving Dr. Costigan or did he of his
25



D15

1

2

own accord and come in to examine the child?

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. No. When I saw that Kevin had

2 to 1 block I had every reason to call Dr. Costigan

and show him the block. In fact, when I saw Kevin

having bradycardi^c episodes I spoke with Dr.

Costigan and I said that because of the whole concern

let's transfer the child to the intensive care unit,

because Dr. Costigan has to make arrangements for his

transfer. Then I went ahead and saw Kevin with Dr.

Costigan, at which time he had developed on the monitor

we saw 2 to 1 block, and looked at it together right

in front of Kevin and there was a block.

- - - -



EMT/hr 1

2 All right. He said this warrants this child being
3 transferred to intensive care, so he just went out
4 to make ~~is~~ arrangement for his transfer.

5 Q. Do you recall now, Doctor,
6 whose ~~was~~ it was initially to send Kevin to the
7 Intensive Care Unit?

8 A. It was our - mine and Dr.
9 Costigan's.

10 Q. Do you recall any nurses being
11 involved in that discussion or suggesting to you that
12 it was advisable that the child should go to the
13 Intensive Care Unit?

14 A. Yes. Nurses suggested that
15 it would be better if we transferred the child to the
16 intensive care, yes.

17 Q. Who suggested that?

18 A. Susan suggested that.

19 Q. That is Miss Nelles?

20 A. Yes.

21 Q. Was the suggestion then one
22 that came from her originally?

23 A. I think that - I'm not sure
24 if it was her alone or her with other nurses too made
25 a collective decision. I am not sure of that, but she
told me, yes.



1
2 Q. All right. Is that before
3 you discussed it with Dr. Costigan?

4 A. Yes, I think so.

5 Q. All right. You told us that
6 Dr. Costigan did come in and you jointly examined the
7 child. Do you recall what time that was, Doctor?

8 A. No, I don't remember the
9 exact time because if I suggest something it might
10 not be exact. I'm not sure.

11 Q. That is fair enough. Do you
12 recall how long it was that Dr. Costigan and you
13 examined the child after Dr. Ng had left? Was it within
14 five, ten, minutes or was it a longer period of time?

15 A. Yes. Ten minutes; maybe ten,
16 fifteen minutes maybe.

17 Q. Well, Doctor, as I understand
18 what you are saying from the time you were asked by
19 Susan Nelles to examine Kevin Pacsai because of her
20 concerns about his condition until the time that Dr.
21 Costigan and yourself discussed sending the child to
22 the Intensive Care Unit you were present on the wards
23 and did not leave the wards. Is that your evidence?

24 A. Absolutely.

25 Q. Doctor, I am obliged to tell
you as well that we have heard evidence from Nurse



1
2 Phyllis Trayner concerning the events of that night,
3 and her evidence (found, sir, in Volume 130, page 388
4 to 392) has been that although you examined the child
5 initially and may have done so on a second occasion,
6 that you then left the ward and Dr. Costigan arranged
7 for the transfer of the child to the Intensive Care
8 Unit.

9 Does that evidence from Mrs. Trayner
10 assist you in recalling the exact events of that night?

11 A. No, that is wrong, the way
12 I recollect.

13 Q. Were you involved in the
14 actual transfer of the child to the Intensive Care
15 Unit, Doctor?

16 A. Yes.

17 Q. Who took the child to the
18 Intensive Care Unit?

19 A. I was there, Dr. Costigan
20 was there; I think Susan was there, but I not remember
21 two things: I not remember how the child was transferred
22 and what was the - I not remember exactly, no, but I
23 was there, yes.

24 Q. Do you have a clear
25 recollection that Dr. Costigan was involved as well?

A. Yes. What happened was he



1
2 again - Kevin again had episodes of bradycardia; he
3 went off colour so I sent for Dr. Costigan who was
4 away from the floor to make arrangements for the
5 Intensive Care, so I sent - I beeped him to come
6 immediately up and he came up running and we just
7 transferred the child right there within about two to
8 five minutes - two minutes, three minutes.

9 Q. Did you physically accompany
10 Dr. Costigan with the baby to the Intensive Care Unit?

11 A. Yes. I remember going together
12 with Dr. Costigan to the Intensive Care Unit.

13 Q. Do you have a clear
14 recollection that Miss Nelles as well went to the
15 Intensive Care Unit?

16 A. Yes.

17 Q. That is a clear recollection?

18 A. Yes.

19 Q. Doctor, I am obliged to
20 refer you to certain of your evidence at the
21 preliminary hearing. It is found in Volume 25(2).
22 If you would like to have it before you, by all means
23 please indicate that. It is found at page 16. You
24 were asked this question:

25 "Q. Was the baby transferred to the
Intensive Care Unit, and did you go with



1

2

the baby to the unit?

3

A. Yes. I went with Dr. Costigan to Intensive Care and I was there for about ten or fifteen minutes. Then I came back up to the ward .

4

5

6

7

Q. Did Miss Nelles go down with you to the I.C.U. Unit?

8

9

A. Usually they go but I don't remember, sir."

10

Do you remember being asked those

11

questions?

12

A. Yes.

13

Q. - and giving those answers?

14

A. That's correct. I remember,

but I think she was there.

15

16

17

18

19

20

21

Q. I asked you if you had a clear recollection of her being there. At the preliminary hearing I suggest it certainly was not a clear recollection. Is that fair? At the time that you testified at the preliminary hearing you were uncertain as to whether she had gone to the Intensive Care Unit. Isn't that so?

22

A. Well, yes. I said that but I think she was there.

23

24

25

Q. It is your best recollection



1
2 today, thinking back on the matter that she accompanied
3 Dr. Costigan and yourself to the Intensive Care Unit?

4 A. That's correct.

5 Q. Although at the preliminary
6 hearing you were uncertain of that?

7 A. Yes.

8 MR. ROLAND: I don't
9 know the purpose of this close examination of whether
10 he thought Nelles was there or not. I mean if the
11 purpose is to test the witness' recollection, I
12 perhaps should object, but every witness has said
13 Miss Nelles, Mrs. Trayner, Costigan, that Nelles was
14 there, so it is not the fact that can be concerning
15 my friend. If my friend is spending all this time
16 in order to closely test this witness' recollection --

17 MS. CRONK: I understand, sir.

18 THE COMMISSIONER: Yes. I think we
19 can push on from there.

20 MS. CRONK: That is where the matter
21 was about to be left, Mr. Commissioner. I am grateful
22 to my friend.

23 MR. SHINEHOFT: Mr. Commissioner, in
24 fairness to Miss Cronk, this is the first witness to
25 my recollection who has indicated he accompanied Dr.
Costigan with two other nurses down to the I.C.U.



1
2 Therefore, I feel that it is incumbent upon Miss
3 Cronk to try and sort out why it is that this is the
4 first -

5 THE COMMISSIONER: Well, I wouldn't
6 have thought it was excruciatingly important
7 whether he did or didn't. Maybe that is what Mr.
8 Roland was getting at. But if his recollection is
9 that he went there and he thinks Susan Nelles was
10 with him as well - if you don't like that and you
11 think it is important, you can cross-examine him on
12 it.

13 MR. SHINEHOFT: I appreciate that.

14 THE COMMISSIONER: But, Mr. Roland and
15 I are not immensely impressed by whether he answers
16 yes or no.

17 MS. CRONK: Well, as I said, Mr.
18 Commissioner, I am grateful for the assistance of
19 all of my friends here. I didn't intend to pursue
20 it any farther.

21 THE COMMISSIONER: Yes. That's fine.

22 MS. CRONK: Q: Dr. Kantak, you have
23 told us that Dr. Costigan and yourself observed the
24 child and noted 2 to 1 heart block and subsequently
25 Dr. Costigan and yourself actually arranged for the
transfer of the child to the Intensive Care Unit?



1

2

A. Yes.

3

Q. Did you during the course

4

of that observation of Kevin discuss with Dr. Costigan

5

what might be an explanation for the 2 to 1 heart

6

block or the abnormality you were observing on the

7

monitor?

8

A. Yes, we did speak about

9

abnormality. We found that the abnormality - in fact

10

he had bradycardia followed by 2 to 1 heart block and

11

we couldn't explain why and again we had the same

12

things in our mind as I discussed this before; we

13

even suspected that he is septic; then is it digoxin

14

toxicity or is it congenital heart block which is what

15

he had, and this allowed a differential diagnosis in

16

our mind.

17

Q. And those were matters

18

discussed by you with Dr. Costigan and they formed

19

your joint differential diagnosis before the child's

20

transfer to the Intensive Care Unit?

21

A. That is correct.

22

Q. Doctor, any time prior to

23

Kevin Pacsai's actual transfer to the Intensive Care

24

Unit did you observe anyone on the ward administering

25

any medication to that child?

A. No.



1

2

3

4

Q. At any time prior to his transfer did you yourself administer any medications to the babe?

5

A. No.

6

7

Q. Doctor, any time prior to his transfer did you observe anyone feeding the child or handling his intravenous line in any way?

8

A. No.

9

10

Q. I take it, Doctor, that you didn't feed the child?

11

A. No.

12

Q. Or attempt to do so?

13

A. Well, no.

14

Q. Doctor, did you work on the wards throughout the day of March 12th?

15

A. That is correct.

16

17

Q. Did you learn that morning of Kevin Pacsai's death in the Intensive Care Unit?

18

A. Yes.

19

Q. From whom did you learn that?

20

A. I think Mike Schaffer and the staff, Dr. Freedom mentioned that Kevin is very sick and that he is terminally ill and that he has died, yes.

21

22

23

Q. What was your reaction to the

24

25



1

2

news that the baby had died, Doctor?

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. I was surprised. As I said before that ward - I was impressed by the fact that the infant was just in the morning stable, completely normal, looked normal to me, and he turns around and gets very sour on you and then he does a couple of bouts.

Q. Did you find that was the feature that you found surprising?

A. Yes. I thought that was surprising.

Q. Had you at any time prior to 4:00 o'clock in the morning, Doctor, had any reason to expect or to anticipate that Kevin Pacsai's condition might deteriorate to such a serious level?

A. Absolutely no, not at all.

Q. Was his death then in that sense unexpected so far as you were concerned?

A. Yes.

Q. Did any possible explanation for his death occur to you when you learned that he died?

A. No.

Q. Was it a matter that you discussed with Dr. Schaffer when he informed you of the



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

child's death?

A. Yes, we discussed very briefly with Dr. Schaffer and then among residents and we couldn't explain it what was the cause of death, and my colleague, Dr. Schaffer, had similar opinion that his differential diagnosis was the same as mine that he had a congenital heart block or he was septic or he was digoxin toxic, but that was left at that.

Q. You have told us, Doctor, that you discussed with Dr. Schaffer and with your colleagues?

A. Yes.

Q. Are you referring now to your fellow residents -

A. Yes.

Q. - or did you discuss it with any of the staff cardiologists.

A. I don't remember having discussed it with staff cardiologists at length, but I remember having discussed somewhat at length with my co-residents, Dr. Kobayashi and others.

Q. What was your impression of Dr. Kobayashi's and Dr. Schaffer's reaction to the death? Were they able to advance an explanation which appeared satisfactory to them insofar as you were



1

2

concerned?

3

A. No, but I took it from Dr.

4

Schaffer who was much more experienced than I was

5

that some of these babies were sick with congenital

6

heart block and they behaved like this.

7

Q. In your own mind, however,

8

you were surprised, and regarded his death given what

9

you had observed to be unexpected?

A. That is correct.

10

Q. And in your own mind do I have

11

it correct that there was no explanation which you

12

felt adequately explained why the child had died in

13

the way that he had and in the time that he had?

A. That is correct.

14

Q. Doctor, were you subsequently

15

made aware of the fact that an investigation into

16

the death of Kevin Pacsai and his digoxin levels was

17

being conducted in the Hospital by Dr. Fowler and

18

Dr. Carver?

A. No, I was not aware of that.

19

Q. Until I just told you now?

20

A. Yes.

21

Q. Were you subsequently made

22

aware of the fact that there was to be a coroner's

23

inquest into the death of Kevin Pacsai?

24

25



EMT/hr

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A. No, I didn't know at that time - I didn't know anything at that time.

Q. I take it you did, however, learn that subsequently?

A. Subsequently, yes.

Q. Did you know that prior to the arrest of Susan Nelles for the death of this child?

A. No.

Q. It was after that?

A. No, I will tell you exactly when it was. It was after Justin Cook died that everything was moving which was on the 22nd or something of March.

Q. All right. Prior to the death of Justin Cook you were not aware that a coroner's inquest was planned for the death of Kevin Pacsai?

A. Not at all, no.

Q. Doctor, looking back at the events of March 11th, in that early morning was there anything at all you observed that night or in the early morning which you regard as unusual in the activity of any of the nursing or medical staff which might assist us in determining how Kevin Pacsai came to his death?

A. No.



1
2 Q. We know that you first
3 became involved with Kevin you told us the night
4 before when you took over from Dr. Kobayashi.

5 We know, Doctor, that another child
6 was admitted to the ward that afternoon. A child by
7 the name of Kristin Inwood. Do you remember that
8 patient?

9 A. Yes, I did the initial
10 admission on that child. I remember Kristin.

11 Q. All right. What was her
12 condition as you observed it when you initially
13 admitted her?

14 A. Oh, she looked just fine
15 to me. She looked real stable to me at that time.

16 Q. When you say she looked
17 real stable, Doctor, was her heart rate normal? Were
18 there any abnormalities connected with her respirations
19 or her heart beat ?

20 A. No.

21 Q. What did you understand was
22 the purpose then for her admission to the Hospital?

23 A. She was found to be in
24 congestive heart failure, and that was the purpose of
25 the investigation if she had some murmur in the heart,
and the purpose of admitting her was to investigate



1

2

the cause of murmur and see what the structural regions
of the heart.

3

4

5

Q. What was your diagnosis then,
Doctor, in formal terms at the time of her admission
or was there one made at that time?

6

7

A. Yes, I did make a diagnosis.
I thought she was in mild pulmonary stenosis.

8

9

10

11

Q. Did you observe anything
in her condition on admission, Doctor, which suggested
in your mind any difficulty with respect to the digoxin
which she had been receiving at the referring Hospital?

12

13

A. I'm sorry, could you repeat
that question again?

14

15

16

17

Q. Did you observe anything
in her condition on admission, Doctor, which suggested
to you some problem or difficulty with the digoxin
treatment she had been receiving at the referring
Hospital?

18

19

20

A. No.
Q. I take it you were aware
she had received digoxin at the referring Hospital?

21

22

23

24

25

A. Yes. My notes suggest that
she was on digoxin, yes.

Q. All right. Which note are
you referring to, Doctor?



1

2

3

A. Page 57, I said that she
was on - Exhibit 113.

4

5

Q. Yes. You were referring to
the history of this child?

6

A. Yes.

7

Q. Found on page 57 of the chart?

8

A. That is correct.

9

Q. And are those your notes,
Doctor?

10

A. Yes.

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



DM/ac

F-1

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Were they made at the time of her admission and your initial observations of her?

A. Kevin Pacsai and Kristin Inwood were admitted at approximately the same time. I took over, I went over to admit Kristin and Jack went over to admit Kevin Pacsai.

Q. Were you informed on her admission that she had been receiving digoxin at the referring Hospital.

A. That's right.

Q. And you told us that as far as you were concerned you observed nothing clinically which gave you concern about that therapy she had been receiving.

A. That is correct.

Q. What did you do Doctor in terms of a formal plan for the child, following her admission?

A. Let me just check my notes. I admitted the child -

Q. It may help you Doctor to go to page 75 of the chart. And you made some orders as I understand it immediately after



F-2

1

2

the child had been admitted.

3

A. We admitted the child,

4

I had a provisional diagnosis of pulmonary stenosis

5

made, so I put the child on a routine monitoring;

6

I did blood gas in room air and 100 per cent

7

oxygen. I ordered a chest x-ray, EKG and

8

echocardiogram, some of which were done.

9

Q. Could we stop there for

a moment Doctor?

10

A. Yes.

11

Q. Are you referring to the

12

first order on page 75?

13

A. Yes, that's right.

14

Q. All three I take it are

yours?

15

A. Yes, all three are mine.

16

Q. And you will see underneath

17

the words "echo" for echocardiogram and word

18

"done".

19

A. Yes.

20

Q. It is my understanding

21

that Kristin would have been brought into the

22

Hospital for Sick Children on March the 5th for

23

purposes of an echocardiogram.

24

25



F-3

1

2

A. Yes.

3

Q. And that one had been

4

done at that time.

5

A. Yes.

6

Q. Were you aware of that

when you admitted her?

7

A. Yes.

8

Q. Were there any difficulties

9

associated with that echocardiogram?

10

A. I don't think so.

11

Q. Do you recall now what

12

it disclosed.

13

A. I think part of my diagnosis,

14

pulmonary stenosis, was made on the echocardiogram

15

evidence but I cannot recollect exactly what the

16

echocardiogram showed.

17

Q. To help you Doctor could

18

we look at page 35 of the chart please. This

19

is the report of the echocardiogram that was done

20

on March the 5th, did you have that available to

21

you at the time that the child was being admitted?

22

A. No. The official report

was not available, no.

23

Q. I take it you would have

24

25



F-4

1

2

had some details available to you as to what
the results had been at that time.

3

4

A. Yes. Our report, yes.

5

Q. Do you recall what you
were told about the child's condition?

6

7

A. Yes. The child's
condition was okay, I was not aware of anything
that had gone wrong in the echocardiogram room.
I remember partially my diagnosis of pulmonary
stenosis was based on the findings as well as
maybe the electrocardiographic report.

10

11

12

Q. Did you on admission then
order a second echocardiogram to be done Doctor?

13

14

A. No, this echo is done,
which means it was done in our Hospital.

15

16

Q. So when we read your
order we should not interpret that to mean that
a second echocardiogram was to have been done?

17

18

A. That is why I put down
"done", so it is done in our Hospital.

19

20

Q. You also ordered a number
of further tests Doctor, as set out in your second
order.

21

22

A. That is correct.

23

24

25



F-5

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. And then finally if we address ourselves to the third order you ordered a maintenance digoxin level for the child, is that correct?

A. That's correct.

Q. And you also ordered that she be kept at 40 per cent room oxygen?

A. Yes.

Q. I'm sorry.

A. That's correct.

Q. Doctor if you would turn to the next page please, all of those first three orders were made at 5:00 o'clock on the 11th, I take it that was the time that you first admitted the child?

A. That is correct.

Q. And we know that you were on duty throughout the course of that evening; and it would appear that you saw the child and made a further order at 10:00 o'clock that night, do you see that on page 76?

A. That is right.

Q. And you ordered a digoxin level to be taken once a week.



F-6

1

2

A. Yes.

3

Q. And as well further

4

tests to be undertaken and lytes and blood gases
to be done, to be undertaken the next day.

5

6

A. That is correct.

7

Q. And after that on a
twice weekly basis.

8

A. Yes.

9

Q. Do you recall Doctor

10

whether there was any change in her condition between

11

5:00 o'clock in the afternoon when you first

12

observed her and 10:00 o'clock at night which

13

led you to order a digoxin level?

14

A. No, those orders were

15

made not because the baby was bad or anything,

16

the baby was perfectly all right at that time

17

until 10:00 o'clock that night, this was ordered,

18

just routine investigations to be done on the
baby, yes.

19

Q. And I take it she had

20

not deteriorated in any way until 10:00 o'clock

21

at night?

22

A. Not at all.

23

Q. As the matter then stood

24

25



F-7

1

2

Doctor on the basis of your order at 5:00 o'clock
that night, am I correct in suggesting that the
child should have received a maintenance dose of
digoxin at 9:00 o'clock that evening?

5

6

A. That is correct.

7

8

Q. Was it your understanding
that she had?

8

9

A. Yes, because it was
ticked off, so I presume this was given.

10

11

Q. I'm sorry, what was ticked
off Doctor?

12

13

A. CMO just checked and
initialled the first page 75.

14

15

Q. Yes.

15

A. Just beside digoxin there
is a tick there marked.

16

17

Q. The tick appears beside
the oxygen does it not?

18

19

A. Yes, then there is CMO,
I think it is initialled.

20

21

22

23

24

25

Q. Well Doctor there has
been other evidence perhaps of which you were
not aware that has suggested that the initials
CMO stands for "Card Made Out".





F-8

1

2

A. Yes, okay.

3

Q. Can you help me?

4

A. Card made out --

5

Q. Is that your understanding?

6

A. That means nurses know

7

that Kristin has to be given digoxin and I presume
the digoxin was given at whatever time it was
supposed to have been given, yes.

9

Q. Doctor I take it then

10

that you were not aware of any verbal order that
may have been made that night by any physician
to hold the digoxin on Kristin Inwood on the
night of March the 11th?

11

12

13

A. No.

14

Q. I can tell you Doctor

15

that it is our understanding that she did not
receive a dose of digoxin at 9:00 o'clock that
evening. I would ask you to refer to page 87

16

17

18

of the chart, which is the medication treatment

19

record and you will see that although digoxin is
indicated to have been started at 9:00 o'clock it

20

21

has not been signed off, and of course on subsequent
days, and we will come to those, digoxin appears to

22

have been held. Were you aware Doctor that night,

23

24

25



F-9

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

or at any time prior to Kristin Inwood's death she had not received digoxin during the evening of March 11th in accordance with your order?

A. I am surprised that it was not given, but I was not aware at all that digoxin was not given.

Q. Had any other physician present on the ward ordered her digoxin to be held, would you as the third year paediatric resident on call expect to have been made aware of that?

A. Yes.

Q. That is something I take it that would have been desirable for you to know as you were involved in her care.

A. Sure, yes.

Q. And I take it you were not informed of such an order from any other physician?

A. No.

Q. Did you see Kristin Inwood again Doctor that evening before leaving the ward to get some sleep?

A. Yes. I did a round, I saw



F-10

1

2

Kevin, as she was in the same room as Kevin, if
I remember right, I saw Kristin - I saw all patients
and then I went to bed.

4

5

6

7

8

Q. You have told us that
your normal routine as you remember it was to
leave the ward to try to get some sleep while you
were on call about 1:00 o'clock or 1:30 o'clock
in the morning.

9

10

11

A. That is correct.

Q. Is that the time you

left that night?

12

A. Yes.

13

THE COMMISSIONER: Are you talking
about the same thing?

14

15

MS. CRONK: Yes. I'm sorry, sir.

16

Q. Was there any difficulty
in her condition when you left that evening?

17

A. No.

18

19

Q. And you have told us
that you were called back for Michelle Manojlovich's
arrest that you were there subsequently until
Kevin Pacsai was transferred to the Intensive
Care Unit.

20

21

22

A. That is correct.

23

24

25



DM/ac

F.2.1.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Were you made aware during that morning of the medication error which had occurred with respect to Kristin Inwood?

A. That is correct. I think, I may not be 100 per cent correct, that Trayner mentioned to me that Inwood, Kristin, was given an extra dose of digoxin, that made me write these orders at 6:00 o'clock in the morning to hold digoxin four doses, and I presume that Kristin had received the usual dose and 9:00 o'clock and an extra dose, so I held four doses. I did a digoxin level that day and I said we will restart digoxin after holding four doses and checking the digoxin level.

Q. Doctor just stop there for a moment, you have told us as a result of being informed of the error that you ordered digoxin to be held for the next four doses.

A. That is correct.

Q. And that order you made at 6:00 o'clock in the morning.

A. That is correct.

Q. Is it your recollection that you were informed of the medication error by



F.2.2.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Mrs. Trayner?

A. Yes, I think so.

Q. Do you recall now what you were told Doctor?

A. Yes. I was told that she was given an extra dose, in fact that is all I know, that she was given an extra dose which she was not supposed to be given and that made me write this order.

Q. At the time you were told of the incident you were operating under the impression that she had received a normal dose as you prescribed the evening before, is that correct?

A. Correct.

Q. In the normal course she would have, in accordance with your order, received a morning dose as well would she not?

A. Yes.

Q. And we have heard Doctor in other evidence that if the digoxin level was to be taken on the wards that often the dose of digoxin was given at 5:30 o'clock in the morning rather than 9:00 o'clock to permit a sample to be



F.2.3

1

2

taken at an appropriate time and sent to the
lab in time for testing.

4

A. Yes.

5

Q. Was it your understanding

6

when you were informed of this error that she had
received one or two doses that morning?

7

8

A. Okay. Let me get this

9

straight. She was given a 9:00 o'clock dose and
she was given one at 5:30 o'clock, so she should
have been given one at 9:00 o'clock, so that was
two doses which was an extra one.

10

11

12

MS. CRONK: Mr. Registrar could you
show Dr. Kantak please Exhibit 113A.

13

14

Q. Do you have that?

15

A. Yes, I have that.

16

Q. Thank you Mr. Registrar.

17

This is the Exhibit Report Doctor that was filed
with respect to the medication error on Kristin
Inwood.

18

19

A. Yes.

20

Q. You will note that the

21

incident time was recorded as 5:30 o'clock in the
morning; do you see that?

22

23

A. Yes.

24

25



F.2.4

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Doctor there is a signature which appears at the bottom righthand side of the page and a physician's signature, is that your own?

A. That is mine, yes.

Q. And you will see that the incident appears to have been discovered by a Registered Nurse Susan Reaper, as disclosed at the top of the form, and that it was witnessed by Mary Jean Halpenny.

A. Yes.

Q. And as well a Nursing Supervisor's signature appears on the Incident Report, one Lynn Johnstone, do you see that?

A. Yes.

Q. Do the names of any of those individuals assist you Doctor as to whether or not it was in fact Mrs. Trayner who informed you of this error?

A. No. I think Mrs. Trayner mentioned to me, I cannot guarantee that, just from my recollection I think Trayner mentioned to me, I do not remember these people, in fact I do not remember --



F.2.5

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Doctor I am somewhat confused as to what you thought had happened to the baby. You were under the impression that she had received a dose of digoxin the night before at 9:00 o'clock is that correct?

A. That's right.

Q. You were then told I take it at approximately 5:30 o'clock in the morning that an error had been made?

A. That is correct, that she was given an extra dose of digoxin.

Q. What do you mean when you say "an extra dose"?

A. That she was given - according to the schedule she was supposed to have been given one at 9:00 o'clock.

Q. That is 9:00 o'clock at night on March 11th?

A. Yes; and 9:00 o'clock on March the 12th.

Q. Yes.

A. Okay. Now she was given the 9:00 o'clock dose on March the 11th.

Q. You thought she had been?



F.2.6

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. Yes. I thought that she received another dose in the morning at 5:30 o'clock.

Q. Which she should not have received?

A. Which she should not have received.

Q. And as a result of being - and when you were told that you thought she was due for her own dose at 9:00 o'clock in the morning?

A. That is right.

Q. As a result of hearing about that you have told us that you made the order at 6:00 o'clock in the morning which is set out on page 76.

A. That is correct.

Q. And you ordered a digoxin level to be done that day and digoxin to be held for the next four doses.

A. That is correct.

Q. Were you subsequently, in the course of that day, informed as to the result of the digoxin level?

A. No, I do not remember having



F.2.7.

1

2

seen the digoxin level.

3

Q. Were you told Doctor,

4

when you were told that she had received what you

5

have described as an extra dose, that is digoxin

6

at 5:30 o'clock in the morning.

7

A. Yes.

8

Q. Was it your understanding

9

that she had received the dose that was intended

10

for her at 9:00 o'clock that morning, or was it

a dose intended for another patient?

11

A. I understood that it was

12

intended for some other patient, I don't know which

13

patient?

14

Q. There was no discussion

about the name of the particular patient involved?

15

A. No, and even if there

16

was I do not remember.

17

Q. Doctor you may not be

18

aware of this, but we have heard evidence from

19

other witnesses that Kristin Inwood received a

20

dose of digoxin intended for Kevin Pacsai. I would

21

like your help with that. As you have told us on

22

the same morning at approximately 4:00 o'clock in

23

the morning you wrote your order that digoxin was

24

25



F.2.8

1

2

to be held for Kevin Pacsai, am I correct?

3

A. That is correct,

4

absolutely.

5

Q. So would it be fair of

6

me to suggest that at 5:30 o'clock in the morning

7

there was no digoxin which should have been prepared

8

or intended for Kevin Pacsai?

9

A. That is correct.

10

Q. So if Kristin Inwood

11

received a dose of digoxin intended for another

12

patient that patient was someone other than Kevin
Pacsai?

13

A. That is correct.

14

Q. Unless there had been

15

some misunderstanding and someone on the ward thought
Kevin Pacsai was still to receive digoxin.

16

A. That's correct.

17

Q. Those are two possibilities.

18

A. Yes.

19

Q. Doctor, can you help me

20

with this. If Kristin Inwood was to have received

21

a dose of digoxin as far as you were concerned in

22

any event at 9:00 o'clock in the morning, what

23

harm could be done by her having received it some

24

25



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

KANTAK, dr.ex.
(Cronk)

3354

F.2.9

1

2

three and a half hours earlier at 5:30 o'clock
in the morning?

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



G/RD/LN

1

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. One dose would not have done a lot of harm. I don't think so.

THE COMMISSIONER: It depends upon the size, though?

THE WITNESS: Yes, that's correct.

THE COMMISSIONER: If the baby is on a very small dosage and if it's a large one.

THE WITNESS: Yes, depends on the size. If it is just an adequate amount, the same amount and given an extra dose to her it should not have made a big difference.

MS. CRONK; Q. Were you told of the amount of the drugs she had been given, Doctor, because you will notice it is not recorded on the incident report?

A. No.

Q. You were not told at the time or you simply don't remember that today?

A. I do not remember.

Q. Would it be fair of me to suggest it is likely that you would have been told the amount involved?

A. I think so.

Q. In any event, you did order a digoxin level to be taken and you have told us that



1
2
3 you were not informed, as to the results of that
4 level during the course of the day; is that correct?

5 A. That's correct, yes.

6 Q. Doctor, I would ask you to turn
7 if you would, to page 81 of the chart, do you have
8 that Doctor?

9 A. Yes, I do.

10 Q. You will see, Doctor, this is
11 a clinical chemistry cumulative report and the digoxin
12 sample on Kristin Inwood was tested -- I'm sorry, it
13 was taken at 9:00 o'clock in the morning and then
14 assayed and then the result was 2.6 nanograms?

15 A. That's right.

16 Q. What did you, at the time, Doctor,
17 consider to be a normal range for a digoxin level for
18 an infant?

19 A. Anything, up to 2 was considered
20 as normal.

21 Q. Would You at the time have
22 considered 2.6 to be within a therapeutically
23 normal range for an infant?

24 A. A little higher than normal. I
25 would have held up the 2 and then started the digoxin
presuming that she received an extra dose at that time.

Q. And again extra dose you are



1
2 referrring to a dose really too early, 5:30 in the
3 morning and at this stage an unknown amount.

4 A. That's right.

5 Q. Whatever the amount was, however
6 it resulted in a level of 2.6 approximately three
7 hours later?

8 A. That's correct.

9 Q. Doctor, on the basis then of the
10 fact that Kristin Inwood appears, not to have received
11 a dose of digoxin the night before, but did receive
12 a dose at 5:30 in the morning, which resulted in a
13 level of 2.6, would it be fair of me to suggest that
14 at that stage at 9:00 o'clock in the morning on
15 March 12th, she was not over digitalized on the
16 basis of the reading that, in fact, resulted?

17 A. That's correct.

18 Q. Is the converse equally true,
19 that although she had not received a dose at 9:00 o'clock
20 at night, a level of 2.6 would indicate at that
21 stage that she was not under digitalized although she
22 had missed a dose she should have received?

23 A. That's correct.

24 Q. Is that something that can
25 fairly be taken in clinical terms from a level of
that kind?



G4

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A. I'm not sure. I don't know that I have the details. I am not an expert on digoxin.

Q. Doctor, this may be a question that you won't be able to help us with, but had you known on the morning of March 12th that she had not received her dose of digoxin the night before, but had received a dose at 5:30 in the morning and you were told that the level was 2.6, would that have caused you any concern?

A. Yes, I would have withheld the dose, because I would have felt 2.6 was high and I would have withheld the dose and restarted the digoxin.

Q. That, in fact, was the order you did make, without knowing the level?

A. Without knowing the level, that's correct.

Q. You told us you worked the balance of the day on March 12th?

A. Yes.

Q. Were you on call that night as well?

A. No.

Q. When did you receive the Hospital that day?

A. Around 5:00 or 6:00 o'clock.



G5
1
2 Q. And again before you left at the
3 time of turning over the patients to another
4 resident, did you discuss the case of Kristin Inwood
5 with the resident coming on duty?

6 A. Yes.

7 Q. Was that Dr. Soulioti?

8 A. Yes.

9 Q. What was your impression of
10 Kristin Inwood's condition when you left for work
11 that day?

12 A. She was normal, very stable state.
13 I didn't expect any problems with her.

14 Q. By the time you left you told us
15 you were not aware of what the digoxin level, in fact
16 was?

17 A. Yes.

18 Q. Although you had ordered the
19 tests to be done?

20 A. Yes.

21 Q. Were you watching throughout
22 the day for any clinical symptoms of digoxin toxicity?

23 A. Yes. We may have taken rounds
24 several times after that. We do our own rounds
25 in the morning with the residents and the nurse. Then
we go on rounds with a staff person and then if there



G6

1
2 are any problems we are then in the wards and at
3 6:00 -- 5:00 o'clock in the afternoon we do rounds
4 to give over.

5 Q. Right. So you would have seen
6 her a number of times throughout the day?

7 A. That's correct.

8 Q. At any time before you left work
9 that night, Doctor, had you observed any thing
10 clinically which you felt to indicate to be a symptom
11 of possible digoxin toxicity in this child?

12 A. No.

13 Q. Had you observed anything which
14 led you to conclude that she was in critical condition
15 by the time you left work that night?

16 A. No.

17 Q. Was there anything about her
18 condition which suggested in your mind that she was
19 at risk of a sudden deterioration?

20 A. No.

21 Q. I take it, Doctor, although you
22 weren't on call that night you did come in the next day
23 March 13th to work during the day?

24 A. That's correct.

25 Q. And you arrived at work and were
you told that Kristin Inwood had died during the night?

A. Yes.



G7

1

2

Q. Do you remember who told you that?

3

A. Alexi^e Soulioti told me.

4

Q. Dr. Soulioti?

5

A. Yes.

6

Q. What was your reaction when you
learned of Kristin's death?

7

8

A. I was surprised, real surprised,
because that was the last child I thought would turn
this bad to the point of dying.

10

11

12

Q. Was Dr. Soulioti able to offer
or advance any explanation to you as to what had
caused her to die?

13

A. No.

14

Q. Was it a matter, you in fact,
discussed with her?

15

16

A. Yes, we discussed and she had
no real explanation.

17

Q. Did any occur to you?

18

A. No, it didn't.

19

Q. Was it your impression that she
shared your great surprise of this child's death?

20

21

A. Yes, that is correct.

22

Q. Did either of you, in light of
your puzzlement and surprise at her death, discuss
her death with any of the staff cardiologists?

23

24

25



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. Yes, it was briefly discussed and we talked about her, but again nobody could come up with a satisfactory explanation as far as I was concerned.

Q. Do you remember now, Doctor, who you did in fact discuss it with?

A. I think Dr. Fowler was on the ward and I discussed it with Dr. Fowler on the rounds at 9:00 10:00 o'clock.

Q. Do you recall now what discussions were put forward, if any, as to the cause of the child's death?

A. No.

Q. Are you saying you don't remember any explanations having been brought forward at that time or you don't remember what they were?

A. Well, we thought of different possibilities, but not really one where we could put our finger on that definitely this was the cause of death and we said, well, we will wait for a pathology report to see what really had gone wrong.

Q. Do you recall now, Doctor, what the possibilities were that were being discussed on rounds that morning?

A. The possibilities always remained



1
2 similar like, structural lesion of the heart or the
3 conduction abnormalities which could have occurred
4 out of the blue, just came out and that could have
5 caused her death.

6 Q. Doctor, did someone, be it
7 Dr. Soulioti or anyone else suggest to you that there
8 had been evidence of conduction abnormalities prior
9 to her death?

10 A. No, she didn't.

11 Q. Do you, in fact, have a clear
12 recollection today, Doctor, as to what explanations
13 were canvassed that morning on rounds, one way or
14 the other?

15 A. No, not exactly. Nobody knew
16 the exact cause of death, so it was kept on and discussed
17 once we get a pathology report to see what had gone
18 wrong with the child.

19 Q. Were you as surprised, Doctor,
20 with the death of Kristin Inwood as you had been with
21 the death of Kevin Pacsai?

22 A. More with Kristin Inwood although
23 we didn't put any special pattern to it. None of us
24 put any pattern to it. I was much more surprised with
25 Kristin than Kevin Pacsai's death.

Q. Why is that, Doctor?



G10

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. Because Kevin has a similar episode of a type he had in Hamilton, of a sudden episode of some sort of abnormality. I think it was bradycardia and he was in congestive heart failure in a shock like state and when he comes back to our own word for investigation he may have got a similar episode with what I thought was a conduction heart block. He had evidence of that conduction heart block, so he had conduction abnormality. That, in my mind, could have explained his death.

For Kristin I was not sure because Kristin was stable at the time I saw her. Kristin had no problems in between when I was there until the time I left and when I gave over to Dr. Soulioti I never expected her to die. The next morning I come and I see she has no conduction abnormalities and nobody could resuscitate her. Nobody on the part of the fellow or staff person, could give me satisfactory explanation as to the cause of death. We were waiting for a staff report.

In part, I think what happened was they were suspicious. The staff people were suspicious that something was happening here and maybe they didn't want to talk about it more to us. I didn't know. It was like a closed thing that we were not



G11

1
2 told what was going on. We were not sure. So we did more
3 for discussion at our level then to the staff level.

4 Q. By "our level" you mean amongst
5 your fellow residents?

6 A. Yes, that's correct.

7 Q. Doctor, you have suggested that
8 there was no explanation advanced to you for Kristin
9 Inwood's death. Was that not in fact also the case
10 for Kevin Pacsai?

11 A. That's correct.

12 Q. In your own mind, is it fair of
13 me to suggest that you regarded both of those deaths
14 as being very surprising based on what you had
15 observed?

16 A. Yes, but I was not an expert in
17 cardiology. What happened is I had received some
18 training and I like cardiology very much. I had more
19 interest in that subject, and in fact, I knew quite
20 a bit of cardiology. From the Centres where I was
21 trained before there were not so many deaths. There
22 was not much problem with babies, as I encountered
23 at the Hospital for Sick Children.

24 Q. Doctor, as it happens by the
25 morning of March 13th, when you learned of Kristin
Inwood's death, there had been seven deaths in seven



G12

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

days on the cardiac wards. Were you aware on the morning of March 13th that there had been a series of deaths, indeed, that many over the course of some seven days?

A. That's correct.

Q. Were you aware of it, Doctor?

A. I was aware there were excessive number of deaths, but then the cardiology ward is such a ward where very sick babies are admitted. We presumed there is sometimes ups and downs in the ward and it could be the peak period. We didn't put a certain pattern to those deaths. We thought they were not explained, that we would see more closely the pathology report and go from there. We didn't put any set pattern to those deaths.

Q. From you own experience, Doctor, you knew that Michelle Manojlovich had died in the early hours of the morning on those wards, as you had been present?

A. That's correct.

Q. And you knew that Kevin Pacsai had gotten into difficulty in the early hours of the morning on ward 4B because again you had been there?

A. That's correct.



G13

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. And you knew that Kristin Inwood had gotten into difficulty in the early hours of the morning because Dr. Souliotti had informed you of the death. Isn't that so?

A. That is correct.

Q. Did you regard the fact that those children developed the difficulties in the early hours of the morning and went on to arrest and an unsuccessful resuscitation as being unusual?

A. Yes. Unusual, but I didn't think about this kind of thing, like somebody purposely killing the babies or purposely administering digoxin. That never came to any of the minds.

Q. I understand Doctor. You are telling us the possibility of foul play being connected with those deaths was not something that occurred to you at the time?

A. Absolutely. You take the words from my mouth.

Q. Perhaps it was the other way around, Doctor.

In any event, at the time did you regard the fact that at least those three children had gotten into trouble in the early hours of the morning as being unusual?



G14

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A. That is correct.

Q. That was a feature you noted
at the time?

A. Yes.

Q. Was it something that was
discussed by you with your fellow residents?

A. No. Each one noticed, but didn't
pay a lot of attention to it. It was a pattern we
all noticed that there were lots of deaths early in
the morning, but we didn't think it was anything
unusual.

Q. You didn't regard the timing
of the events as being unusual, Doctor?

A. No. Well, you know, I'm not
sure.

MS. CRONK; Mr. Commissioner, I am
about to move into the area of Justin Cook. Would
you care to take a break now?

THE COMMISSIONER: We will take 20
minutes.

MS. CRONK: Thank you, Doctor.

---(Hearing adjourned for recess)

- - - -



EMT/hr

1

2

--- Upon resuming

3

THE COMISSIONER: Yes, Miss Cronk.

4

MS. CRONK: Thank you, sir.

5

MS. CRONK: Q: Dr. Kantak, as I under-

6

stand it you worked during the course of the day

7

on the Cardiac Ward on Saturday, March 21st, and as

8

well were on call that night; is that correct?

9

A. That is correct.

10

Q. We have heard through other

11

evidence, Doctor, that Justin Cook was admitted to

12

the Hospital the previous night (that is Friday,

13

March 20th). Did you see Justin Cook on the morning

14

of Saturday, March 21st, when you came on duty?

15

A. Yes, I did.

16

Q. You had not been on call

17

as I understand it the night before or the Friday

18

night?

19

A. That's correct.

20

Q. When did you first see

21

Justin Cook on that Saturday?

22

A. 9:00 o'clock in the morning

23

I took over from Dr. Soulioti, and at that time I

24

saw Justin .

25

Q. Did you examine the baby at

that time?



1

2

A. Yes, I did.

3

4

Q. All right. What was his condition as you observed it?

5

6

7

8

9

10

11

12

A. Justin had severe anatomical heart disease with structural abnormalities in the heart. That was a provisional diagnosis, and what was planned on him was to have a cardiac catheterization to better delineate his cardiac status. He was blue, and otherwise his heart rate was all right. And he was breathing okay.

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. There was no difficulty with his respiration or his heart rate, but he was cyanosed?

A. That is correct.

Q. And in fact we do know that he did undergo a cardiac catheterization procedure that day?

A. Yes.

Q. And was subsequently returned to the ward?

A. That is correct.

Q. Did you see him after he came back from the cath lab that afternoon?

A. That is correct. I took over again when he came back to the ward from the catheterization. Subsequently Dr. Freedom who did the



1
2 catheterization of him came over and talked to us
3 about what he found on the cardiac catheterization.
4 And he had already spoken to the surgeons about some
5 sort of palliative treatment for Justin which was
6 planned on next day. That is Saturday.

7 Q. Surgery had been scheduled
8 for the next day?

9 A. That's correct.

10 Q. All right. Did you observe
11 any change in Justin 's condition when he came back
12 from the Cath Lab?

13 A. No. He was stable. He was
14 blue. His heart rate and respirations were okay.

15 Q. And during the course of
16 your normal duties that afternoon would you have
17 looked in on Justin from time to time?

18 A. Yes, I did.

19 Q. Okay. Prior to 6:00 o'clock
20 that evening, Doctor, was Justin Cook in any difficulty
21 as you understood?

22 A. No.

23 Q. His condition was stable
24 throughout the afternoon?

25 A. That is correct.

Q. And then we have heard that



1
2 at 6:00 p.m. he did experience some difficulties and
3 had what has been referred to as a tet or a blue
4 spell.

5 A. That is correct.

6 Q. Does that accord with your
7 recollection?

8 A. That's correct.

9 Q. How did you learn, Doctor,
10 that he was in difficulty about 6:00 o'clock?

11 A. I was in the ward seeing
12 another patient on the opposite side - that is the
13 4B side of the ward.

14 Q. Yes.

15 A. Justin was on 4A. And I
16 saw - I was called by Dr. Jedeikin who was present then
17 at the time Justin had a blue spell.

18 Q. All right. What did Dr.
19 Jedeikin tell you ?

20 A. Dr. Jedeikin mentioned to me
21 that Justin had a tet spell or output obstruction and
22 that he turned very blue; that his murmur disappeared
23 and every evidence was that he had a tet spell.

24 So what he did, he injected in him
25 propranolol. I was not present for the first injection.
I was there for the second. And he improved considerably.



1

2

He was less blue. His murmur appeared and we were both at his bedside.

3

4

Q. Dr. Jedeikin as I understand it was a cardiac fellow; is that correct?

5

6

A. That's correct.

7

8

Q. And in that sense he would have been the senior physician present during the spell?

9

A. That's correct.

10

11

Q. You said that you were not present initially when Inderal was given to the child. I take it that was given by Dr. Jedeikin?

12

13

A. That's correct. I think it was given by Dr. Jedeikin.

14

15

Q. You were not then in the patient's room initially when this blue spell was observed?

16

17

A. That's correct.

18

19

Q. But after Dr. Jedeikin came to you did you go with him -

20

A. Yes.

21

Q. - to examine the child?

22

A. Yes, we were both together.

23

24

Q. And are you saying, Doctor, that while you were in the room a second dose of

25

26



1

2

Inderal was given to the child?

3

A. Yes.

4

Q. Who gave that dose to the

5

child?

6

A. I think Dr. Jedeikin gave

7

that dose.

8

Q. And the child's reaction you

9

have described -

A. Yes.

10

Q. - as I understand it was a

11

good one?

A. Yes.

12

Q. The Inderal appeared to be

13

working?

A. Yes.

14

15

Q. And his condition improved?

16

A. Yes.

17

Q. Doctor, do you have Justin

18

Cook's chart there in front of you?

A. Yes.

19

Q. Could I ask you to turn if

20

you would to page 27? Do you have that, Doctor?

21

A. Yes, I have it.

22

Q. I would ask you to look at

23

the first note which appears on page 27. It is a

24

25



1
2 nursing note made by Mrs. Sui Scott. And specifically
3 she indicates at 1800 hours or 6:00 o'clock the
4 babe became very pale and cyanotic, and then she
5 indicates on the next line that Inderal was given
6 intravenously by Dr. Kantak and Dr. Jedeikin and 100
7 per cent oxygen was given with, I take it, improvement.

8 Do you see that answer?

9 A. Yes, I see that, yes.

10 Q. All right. Doctor, I can
11 tell you that it is my understanding that one dose
12 of Inderal was given at 6:00 o'clock and it is that dose
13 which is referred to in Mrs. Scott's note.

14 Was it your understanding that when
15 Dr. Jedeikin came and spoke to you about Justin's
16 condition he had already given a dose of Inderal to
17 the child?

18 A. That is correct.

19 Q. You recall being in the room
20 when a second dose was given?

21 A. I had not participated in
22 the injection at that time.

23 Q. I understand that you said
24 that you didn't give the child a dose of Inderal, but
25 were you in the room when a dose of Inderal was given
by Dr. Jedeikin?



1

2

A. Yes.

3

4

Q. All right. So that as you understand it two doses were given to him at that time?

5

6

A. Yes.

7

Q. And the child responded well?

8

A. Yes. Really well.

9

10

Q. Did you and Dr. Jedeikin

discuss a plan of treatment for the child in light of that episode at 6:00 o'clock?

11

12

A. Yes. Precisely because of his episode that we discussed this plan of him and I indicated in my orders on page -

13

14

Q. 14.

15

16

A. Yes, - that we increase

his oral dosage of propranolol; he kept constant care which means 24 hours nurse with the baby, and we wrote only for a milligram of propranolol to be fixed at the foot end of the bed.

18

19

Q. And you also ordered clear fluid?

20

21

A. Yes, we ordered clear fluid

22

and nil by mouth, nothing to be given by mouth after 0400 hours because of his scheduled surgery on the next day.

23

24

25



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. All right. He was to be taken off oral feedings then at 4:00 a.m. because of surgery that was planned for later that morning?

A. That's correct.

Q. All right. Doctor, whose idea was it initially to order Inderal to be kept by the bedside of the child?

A. It was a collective decision Dr. Jedeikin - we talked and he said that maybe Justin requires propranolol to be available immediately if he gets into trouble, if he gets another tet spell or blue spell, and that it should be fixed at the foot end of the bed. In fact, Dr. Jedeikin I remember was overlooking me as I was writing those orders.

Q. Where were you writing the orders? Were you in the child's room or elsewhere?

A. No, at the nursing station. In fact, if you see them one, two, three, four, five, my handwriting. The last constant care is Dr. Jedeikin's handwriting although I signed ...

Q. So the first portion of the order is your own?

A. Yes.

Q. But the words, "Constant care" are written in Dr. Jedeikin's handwriting?



1

2

A. That is correct.

3

Q. Had you ever before in your

4

experience on those wards or elsewhere in the Hospital,

5

Doctor, seen or participate in a physician's order

6

to keep a drug by the bedside of a patient?

7

A. Yes. I have not only the

8

Hospital for Sick Children but other Hospitals where

9

I worked. For example, children with febrile convulsions

10

or seizures, is to order that valium be fixed at the

11

foot end of the bed so it would be available immediately

12

to be given.

13

Q. Had you ever seen that done

14

before at the Hospital for Sick Children, Doctor?

15

A. Yes. I have done it once

16

before in the Hospital for Sick Children. Just once.

17

Q. Prior to the occasion

18

involving Justin Cook?

19

A. That's correct. When I was

20

working on the general wards.

21

Q. Did either Dr. Jedeikin or

22

yourself at that time have any explanation for what

23

had caused that blue spell at 6:00 o'clock?

24

A. Yes. In fact we have seen

25

many of these children with this type of structural

26

lesion which has been much - not exactly similar but

27

28



1
2 somewhat similar, and these children sometimes go into
3 tetralogy or tet spell, blue spell, yes.

4 Q. I take it then you didn't
5 regard it as unusual?

6 A. No.

7 Q. Having jointly decided with
8 Dr. Jedeikin that this medication should be kept by
9 the bedside, did you then ask one of the nurses or
10 any other member of the medical staff to obtain the
11 drug and take it into the child's room to fill your
12 order?

13 A. Yes. I went over the order
14 with the nurse. I don't remember which nurse but
15 I went over the order with her and told her that this
16 should be carried out that this was a very sick child
17 that may repeat itself and we should be ready for it.

18 Q. Doctor, you have told us that
19 you were at the nursing station when you wrote these
20 orders. Was it a nurse from Ward 4A where Justin
21 Cook was a patient or a nurse from Ward 4B to whom
22 you gave those instructions?

23 A. I don't remember.

24 Q. Do you remember whether it
25 was a nurse in charge or was it a nurse responsible
for the care of Justin Cook?



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. I think it was a nurse in charge.

Q. Charge of the ward ?

A. Of the ward.

Q. But you don't remember which ward?

A. No.

Q. But did you see a nurse carry out your instructions? That is, obtain the medication and take it into Justin Cook's room?

A. No.

Q. And while you were still in Justin Cook's room, Doctor, with Dr. Jedeikin was there any discussion at that time in the room by either Dr. Jedeikin or yourself with any of the nurses to go and fetch this drug and to bring it back to place it by the child's bed?

A. I don't remember.

Q. It is possible a discussion could have taken place in the room?

A. Sure, it could have been.

Q. Well, while -

A. More than likely could have been in the room, yes.

Q. While you were still in the



1
2 child's room, Doctor, do you remember anyone coming
3 back in with the drug and attaching it to Justin
4 Cook's bed?

5 A. No. While I was there I
6 didn't see it.

7 Q. It is possible then I take it
8 that it could have taken place but you did not see
9 that happen?

10 A. No.

11 Q. After you had written these
12 orders, Doctor, did you then throughout the course
13 of the evening observe Justin Cook from time to time?

14 A. Yes. From 6:00 o'clock to
15 about 9:00 o'clock both me and Dr. Jedeikin had spent
16 several - we went in several times to observe Justin
17 and from 9:00 o'clock or 10:00 o'clock when Dr.
18 Jedeikin left till midnight, 1:00, 1:30, I several
19 times visited the child. Then just before I went
20 to bed.

21 Q. Did you leave the ward at
22 your usual time to go to bed that evening, 1:00 or
23 1:30?

24 A. Yes.

25 Q. At any time from 6:00 o'clock
until you left the ward to go to sleep did you notice



EMT/hr

1

2

any further change in Justin's condition?

3

A. No. He was stable.

4

Q. I'm sorry?

5

A. He was stable.

6

Q. He was stable?

7

A. Yes.

8

Q. What about his colour, Doctor?

Was there any difficulty?

9

A. No. He was blue. He was

10

as usually blue. He had his murmur and he looked

11

comfortable.

12

Q. When you say he has his

13

murmur do I take it correctly from that that there

14

was no abnormality on the monitor; that you could hear
the child's heart; there appeared to be no difficulty?

15

A. No. That's correct.

16

Q. And that was your impression

17

when you went to bed ?

18

A. Yes, that's correct.

19

Q. It is our understanding,

20

Doctor, that Justin Cook was not prescribed digoxin

21

at the Hospital for Sick Children. Is that your
understanding as well?

22

A. Yes. It was contraindicated.

23

Q. And you knew that at the time?

24

25



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. And having left the ward around 1:00 or 1:30 were you subsequently called to come back and see the patient?

A. That's correct.

Q. Do you recall what time it was?

A. I think it was early in the morning; 2:30, 3:00 o'clock. I not recall exact time.

Q. All right. Perhaps we could come to that in a moment. But, Doctor, before you left the ward to go and get some sleep at 1:00 or 1:30 in the morning did you notice anything taped to Justin Cook's bed in accordance with the order?

A. Yes. I recollect having seen something taped to the foot end of the bed, yes, I do.

Q. Do you recall now what it was you saw?

A. I think - I think I saw a syringe and an ampoule taped to the foot of the bed.

Q. One syringe and one ampoule?

A. I'm not sure if it was one or two.

Q. Did you note at the time and



1

2

do you recall what colour the ampoule was?

3

A. No.

4

Q. Did you note whether or not

5

the ampoule had been broken open or was it intact?

6

A. I'm not sure.

7

Q. Did you in fact go over

and examine what was taped to the bed?

8

A. No.

9

Q. Or did you simply note that

10

it was there?

11

A. No, I didn't make an examination

12

of what was taped to the bed.

13

Q. Do you remember what size

14

syringe it was?

15

A. No. Not at that time.

16

Q. That is before you went to

bed?

17

A. Yes.

18

Q. Do you know how it got there,

19

Doctor? Did you see anyone place it there ?

20

A. No, I didn't.

21

Q. Once you observed it there

did you make any inquiries as to who had put it there?

22

A. No, because I presumed it

23

was propranolol which I had ordered.

24

25



DM/ac

I-1

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Similarly Doctor before going to bed that night did you observe anyone administering any medication to Justin Cook other than the Inderal which you saw Dr. Jedeikin give him shortly after 6:00 o'clock?

A. No, not to my recollection.

Q. Did you yourself administer any medication to him before going to bed that night?

A. No.

Q. Did you observe anyone feeding the child that night before you went to bed?

A. No, I do not remember that.

Q. You remember that you did not see that, you do not know one way or the other?

A. I had not seen anybody feeding the child.

Q. Did you at any point that night Doctor before going to bed observe anyone handling Justin Cook's intravenous line in any way?



I-2

1

2

A. No.

3

Q. And you have told us

4

you were called back, you said you think it was

5

about 2:30 o'clock or 3:00 o'clock but you were

6

not sure of the exact time, is that correct?

7

A. Yes.

8

Q. Could I ask you Doctor

9

if you would to look at page 29 of Justin Cook's

10

note written by Nurse Nelles on March the 22nd.

11

She indicates that the child settled well after

12

the 2:30 o'clock feeding and rested comfortably

13

until about 3:45 o'clock in the morning when he

14

encountered difficulty, and she goes on to describe

15

his symptoms. She then indicates that a code 23

16

was placed for Dr. Kantak who arrived a minute

17

or so later, do you see that Doctor?

18

A. Yes.

19

Q. That would suggest would

20

it not that you arrived, if these notes be accurate,
shortly after 3:45 o'clock in the morning?

21

A. Yes. I think it is true.

22

Q. When you did arrive on the

23

ward Doctor I take it that you went directly to

24

25



I-3

1

2

Justin Cook's room?

3

A. That is correct.

4

Q. Do you recall who was

5

there when you entered the room?

6

A. Well in fact I remember

7

seeing Susan right outside Justin Cook's room near
the phone, because she, I presume, she was the

8

person who called me. I went with her so she

9

came with me; and I also remember another nurse

10

pulling the trolley, the crash cart trolley inside

11

the room.

12

Q. As you entered the room?

13

A. That's correct.

14

Q. Do you know which nurse

it was?

15

A. No.

16

Q. Was there anyone physically

17

in the room when you entered?

18

A. I don't remember.

19

Q. Now you don't remember

one way or the other?

20

A. No, I don't remember.

21

Q. When you say you saw

22

Ms. Nelles standing by the phone --

23

24

25



I-4

1

2

THE COMMISSIONER: Did you say
it was Ms. Nelles?

4

THE WITNESS: I think I saw Nelles
right at the phone, it is outside the door of
Justin Cook's room.

6

7

Q. I take it there is no
phone in room 418 at all?

8

9

A. No.

10

Q. So is that the phone by
the nursing station?

11

A. That is correct.

12

13

Q. And you don't remember
whether anyone else was in the room when you
walked in?

14

15

A. I don't remember.

16

17

Q. Do you recall whether
or not the curtains were drawn around Justin
Cook's bed in any way?

18

19

A. I don't think they were
drawn, because we worked on the child after, we
were working halfway I think because the curtains
were drawn, but I don't remember.

20

21

22

Q. You don't remember whether
they were you don't remember whether they weren't?

23

24

25



I-5

1

2

A. That is right.

3

Q. What was the child's

4

condition when you went into the room and you

5

observed him Doctor?

6

A. Well the child was blue.

7

He had, his heart rate was not low. It appeared

8

he had turned much more blue, he looked a little

9

pale, his murmur had disappeared and I assumed

10

that he had an outflow construction, and that is
the reason why I went ahead and injected Propranolol.

11

Q. I'm sorry Doctor, may I

12

stop you there just for a moment?

13

A. Yes.

14

Q. You presumed he had a

15

certain kind of obstruction and I'm sorry I didn't
hear it.

16

A. Outflow, same like

17

tach. spell.

18

Q. When you went into the

19

room and observed the child did you notice any

20

seizuring, or any twitching?

21

A. No, I do not remember

22

at that time, but if you will give me a minute. I

23

don't think - before looking at the chart I don't

24

25



I-6

1

2

think I saw any seizures. I will have a look
at my note if you will give me a minute.

3

Q. That's fine.

4

A. Okay. When I went into

5

the room, as I said, I didn't see any seizure at
that time but subsequently I remember him, having
seen a seizure. At the first injection of

6

Propranolol I have seen nothing except he was
turning blue, a little pale and his murmur
disappeared.

7

8

Q. I take it the disappearance
of the murmur was something of significance to you?

9

A. That is correct.

10

Q. Being concerned at this
time?

11

A. That is correct, yes.

12

Q. And you have told me you
first administered Inderal?

13

A. Yes.

14

Q. Where did you obtain the
Inderal from?

15

A. I took it from the foot end
of the bed, it was taped with a brown ampule, the
ampule was open and there was about 1 ml. of fluid,

16

17

18

19

20

21

22

23

24

25



I-7

1
2 clear fluid in the syringe. I think it was a
3 5 ml. syringe and I injected an incalculable amount
4 of liquid into the baby.

5 Q. You say you took it
6 from the end of the bed Doctor, was the syringe and
7 the ampule taped together?

8 A. Yes.

9 Q. Or taped separately?

10 A. Both together.

11 Q. How many syringes did
12 you notice at the foot of the bed?

13 A. I noticed two syringes
14 to my recollection. I noticed two syringes.

15 Q. And how many ampules did
16 you notice taped to the bed?

17 A. With two syringes, one
18 syringe, one ampule; one syringe, one ampule.

19 Q. And the one that you
20 took in your hand and used to administer the
21 medication you told us was brown in colour and
22 had been broken open?

23 A. That is correct.

24 Q. You thought the syringe
25 was, I think you said, a 5 ml. syringe?



I-8

1

2

A. Yes, I think so, it was

3

a 5 ml. syringe.

4

Q. Did you notice whether

5

or not the other ampule was broken, or was it

6

intact?

7

A. I don't know.

8

Q. Do you know what colour

9

it was?

10

A. I think it was brown.

11

Q. Do you know what size

12

of syringe the second syringe was?

13

A. No.

14

Q. Did you in fact use that

15

second syringe and ampule for any purpose that

16

night?

17

A. No.

18

Q. So you used only the

19

first syringe?

20

A. Yes.

21

Q. And the ampule which you

22

have told us was brown and the ampule was broken?

23

A. That is correct.

24

Q. Did you observe any

25

lettering on the ampule?



I-9

1

2

A. I don't remember that.

3

Q. Did you observe any

4

lettering on the syringe or any markings of any
kind?

5

6

A. No, the usual syringe,
5 ml. syringe.

7

8

Q. Doctor, can you help me

9

please, how did you know that it was Inderal in
the syringe that you used to give the child a

10

medication if you did not observe any lettering

11

on the ampule nor on the syringe?

12

A. Oh, I am sorry. I thought
you mentioned - I misunderstood you, I am 'sorry.

13

I thought you mentioned on the syringe there were
no letters there was nothing on the syringe. But

14

15

the ampule which was taped with the syringe it was
an ampule of Inderal, I saw that.

16

17

Q. You say you saw it,

18

did you actually look at the ampule and read what
was on it?

19

20

A. Yes.

21

Q. And it said?

22

A. Inderal, Propranolol.

23

Q. Did you, when you picked

24

25



I-10

1

2

the syringe and the ampule up, make any inquiries
of the nurses who were there as to who had drawn
the drug up?

4

5

A. No, not at all.

6

Q. Were you told?

7

A. No.

8

Q. Do you know to this day
who drew the drug up in the syringe?

9

A. No.

10

Q. Did you make any other
inquiries before administering the drug to satisfy
yourself that it was in fact Inderal in the syringe?

11

12

A. No.

13

Q. But you did however look
at the ampule, noticed the lettering on it and
it said "Inderal"?

15

16

A. Yes.

17

Q. Saw it to be a clear
liquid in the syringe and delivered the drug to
the child?

18

19

A. Yes.

20

Q. Do you remember how much
you gave to the child at that time?

21

22

A. .4 ml., it is 1 milligram

23

24

25



I-11

1
2 per ml. and I injected .4 ml.

3 Q. Doctor to assist you
4 with that there is a record in the medical chart
5 of Justin Cook, at page 30, which we have been told
6 is a record of the medications that were given to
7 him and the order in which they were administered
8 when he went into difficulty that morning. It
9 indicates that it is a .4 ml. of Inderal was
10 given. Does that accord with your recollection as
well?

11 A. Yes.

12 Q. Do you remember that
13 independently Doctor, or are you relying on the
14 chart?

15 A. No, I remember independently,
16 that is correct.

17 Q. What was Justin's reaction
18 to that dose which you believed to be Inderal?

19 A. Not very good.

20 Q. Was there any reaction
21 at all?

22 MS. CHOWN: I'm sorry, I'm sorry
23 to interupt you simply for clarification I think
24 the record should indicate at page 27 of the chart
25



I-12

1
2 which is Dr. Kantak's own note which he refers
3 to the two dosages of Inderal, the first being
4 0.4 and the second being 0.2 which would be of
5 further assistance on the point.

6 MS. CRONK: Thank you Ms. Chown.

7 THE WITNESS: He didn't respond
8 to the first dose.

9 Q. Did his colour change
10 in any way?

11 A. No, murmur did not appear,
12 colour didn't change, maybe, if at all, slightly,
13 that is the reason why after another, I waited
14 about five minutes and then I injected the next
15 dose .2 ml. and he responded partially to the .2 ml.
16 of Inderal.

17 Q. Which syringe did you use?

18 A. The same.

19 Q. The same syringe?

20 A. Yes.

21 Q. Was there fluid or drug
22 left in the syringe after you had given that second
23 dose?

24 A. Yes.

25 Q. What did you do with this



I-13

1

2

syringe?

3

A. I kept it in the bed.

4

Q. On the bed?

5

A. On the bed, yes.

6

Q. And similarly the

7

ampule?

8

A. Yes.

9

Q. When you say that Justin

10

responded partially, in what way did he respond?

11

A. He changed colour and

12

turned less blue, his murmur appeared again. So he was, I thought he had shown a little bit of improvement.

13

Q. What did you do next

14

Doctor?

15

A. Well I asked then someone

16

to call Dr. Jedeikin, so he was on the phone and

17

after the next dose, after I saw the baby responded

18

slightly I went to the phone quickly and spoke

19

to him.

20

Q. And where was the phone,

21

was that in the room or at the nursing station?

22

A. No, just outside the

23

room.

24

25



I-14

1

2

Q. At the nursing station?

3

A. At the nursing station one

4

step outside Justin's room.

5

Q. And what was the nature

6

of your discussion with Dr. Jedeikin?

7

A. I told him what had gone

8

wrong, that he got a spell and that I had given

9

him two doses and he does not seem to respond very

10

well. He did not have any other abnormality. His

11

heart rate was all right. Then I asked him to

12

come over and we talked about Atropine being

13

injected because one of the side effects of Inderal

14

is bradycardia so we talked about giving Atropine

15

and I said I am making an arrangement to look at

16

that and I went inside again.
Q. Did Dr. Jedeikin then

17

A. Yes, right away, he was

18

there within two or three minutes, he was there

19

in five minutes maybe.

20

Q. When you went back into

21

the room did you notice any irregularity in Justin
Cook's heart rate?

22

A. No, not at that time, his

23

24

25



I-15

1

2

heart rate was all right, but after a few seconds
I saw that he had bradycardia and I injected
Atropine to which he responded real well, he showed
normal heart rate then.

5

6

Q. Where did the Atropine
come from Doctor that you used?

7

8

A. Somebody drew it, I
don't know who, from the crash cart.

9

10

Q. Was it drawn up in your
presence Doctor?

11

A. Yes.

12

Q. Did you see the drug
as it was being drawn up?

13

14

A. I'm surely shown the
ampule and the drug, but I do not remember - I
only have checked, I do not remember having recollection
of having seen the ampule of Atropine like I seen
the Inderal ampule, or the Morphine which I injected
next.

18

19

Q. Is it your recollection
however that the Atropine was taken from the crash
cart and then drawn up in your presence?

20

21

A. Yes.

22

Q. Were there any other

23

24

25



I-16

1

2

physicians present, was Dr. Jedeikin there by
that time?

3

4

A. Yes. By the time I

5

injected, I think by the time I injected the
Atropine Dr. Jedeikin was there.

6

7

Q. And subsequently you

administered Morphine to the child, is that correct?

8

A. Yes, that is correct.

9

Q. Where did the Morphine

10

come from?

11

A. That came from the crash

12

cart, and that was drawn up by one of the nurses.

13

Q. Again was it drawn in

your presence?

14

A. It was drawn in my

15

presence but I do not remember which nurse that

16

asked me, which ampule, I do not remember seeing

17

the ampule.

18

Q. Are you clear in your

19

own mind Doctor that in fact the Morphine came

20

from the crash cart?

21

A. Yes.

22

Q. Or did someone leave the

23

room to obtain it?

24

25

26



I-17

1

2

A. I don't know.

3

Q. In fairness Doctor,

4

it has been suggested by a prior nursing witness

5

that she was asked to get the Morphine, left the

6

room, did and brought it back into the room.

7

A. Something in my mind,

8

but I am not sure.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



1

2

U/RD/LN

1

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Do you, however, have a clear recollection of the drug that was physically drawn up in your presence when you were in the room?

A. Yes.

Q. Or do you remember?

A. I remember somebody drawing it up in front of me, but ---

Q. Doctor, were you then present throughout the balance of the resuscitation effort for Justin Cook?

A. Yes.

Q. Were you there when he was subsequently pronounced dead?

A. Yes.

Q. Do you know, Doctor, what happened at the end of the resuscitation, after Justin was pronounced dead, to the syringe and the ampule which you had used in the belief that you were administering inderal to the child?

A. No.

Q. You have no information that might help us, as to what happened to it?

A. No.

Q. Was there any discussion in the room that night during the course of the resuscitation



J2 1
2 or thereafter as to the drawing up of the drug in
3 that syringe? Did anyone question in your presence
4 what your drug was in the syringe?

5 A. No.

6 Q. We have heard, Doctor, that there
7 were a number of blood samples taken that night,
8 and samples taken from the intravenous tubing that
9 had been used for Justin Cook. Were you aware that
10 that was done?

11 A. No. What happened was that
12 after the event took place, Justin Cook, after the
13 injection event heart rate had been stable for a few
14 minutes and suddenly went into a ventricular fibrillation.
15 This pointing partially to the drug, to the shock
16 which was given to him and that ventricular tachycardia
17 subsequently again, which he couldn't come back from.
18 Then Dr. Jedeikin was there and code 25 was called and
19 everybody was there. What was surprising was
20 ventricular tachycardia to which he didn't respond.
21 Then Dr. Jedeikin went and talked to Dr. Fowler and
22 then the events took place. I didn't participate.

23 Q. Perhaps I put my question awkwardly.
24 We have heard that after Justin was pronounced dead
25 blood samples were taken and samples were taken from
his intravenous tubing?



J3

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A. Yes.

Q. Did you know at that morning
that was being done?

A. No. I was not told about it. I
didn't know about it.

Q. When did you learn it had been done?

A. I didn't know. I just heard later
on that the samples were taken. I didn't know from where
they were taken, what was collected. I didn't know.

Q. You knew however, Doctor Jedeikin
had gone to speak to Dr. Fowler?

A. That is correct.

Q. I take it you telephoned him.
Dr. Fowler wasn't then on the ward?

A. That is correct.

Q. Did you observe Dr. Fowler on the
ward later on that morning?

A. Yes, later in the morning, not
at that time. I do not remember having seen him at
that time.

Q. Do you recall seeing him, however,
shortly after Justin had been pronounced dead, within
an hour or so?

A. I don't remember. I think he was
dead, but I don't remember.



1

2

3

Q. Was it unusual to see Dr. Fowler there at the hour which you did see him?

4

A. I don't remember seeing him that early, but he may have been there. I don't remember.

5

6

Q. Doctor, what was your own reaction when Justin Cook could not be resuscitated and eventually died that morning?

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. Well, Justin was a very sick infant. He had no pulmonary artery at all. He had thread like pulmonary artery. That was nothing unusual to see a child taking this course and suddenly dying. What was just a little bit puzzling to me was the ventricular tachycardia. I had never seen ventricular tachycardia in an infant except post operative. Ventricular tachycardia is seen much more in older people with myocardial infarction. I have never seen it before in an infant.

17

18

19

Q. You told us you saw several times during the course of Justin's attempted resuscitation?

20

21

22

23

24

25

A. That's correct.

20

21

Q. He went in and out of ventricular tachycardia?

22

23

24

25

A. That is correct.

23

24

25

Q. Am I correct in suggesting that



1

2

ultimately he went into the ventricular tachycardia
and could not be returned to a normal rhythm?

3

J5

4

A. Absolutely.

5

Q. You had never seen that before
in an infant?

6

7

A. I have seen in a post operative
infant or post operative children, but not just like
that. They could have, I suppose.

8

9

Q. Was there discussion that morning
after Justin's death, as to what had caused his
arrest and death?

10

11

12

A. No, not to my knowledge. I
briefly talked to Dr. Jedeikin and it was like, he
could have taken that course, that bad course, and he
would have died. I don't know if any serious
discussion which took place.

13

14

15

16

Q. I take it then Doctor, from
what you said that you did not regard his death as
unexpected, given what you knew of his condition?

17

18

19

A. Yes.

20

Q. Is that fair?

21

A. Yes. One of the things we
thought he could have is go sour and take that course,
sure.

22

23

Q. You were not surprised by his
death?

24

25



J6

1

2

A. Yes.

3

THE COMMISSIONER: I'm sorry.

4

MS. CRONK: Q. Yes, you were not?

5

THE COMMISSIONER: Yes, you were not

or --

6

MS. CRONK: Q. Or yes you were?

7

THE WITNESS: I was not.

8

Q. Doctor, subsequently, I take

9

it you learned in due course, that digoxin level^s tests

10

had been run on samples taken from Justin Cook?

11

A. Yes.

12

Q. And he had in fact had high

digoxin levels?

13

A. I will tell you what happened.

14

I never talked to anyone, but somebody called me. I

15

was in my room sleeping and somebody called me and

16

identified himself as a biochemist and said that --

17

this was in my room, in the resident quarters in my

18

room and somebody called me and said "Was Justin

19

on digoxin?" He identified himself as a biochemist.

20

I said "Well let me explain". "Was he on?" I said

21

"No, he was not on, he was not suppose to be on. Let

22

me explain to you why he is not." He abruptly cut

23

me off and said "Have you seen his digoxin level?"

24

I said "No, I have not seen it. Are they high?"

25



1
2 He kept on and I realized that his digoxin level was
3 that high.

J7 4 Q. Do you recall when you received
5 that telephone call, Doctor?

6 A. I think it was Sunday night. It
7 was at night.

8 Q. The night of the day that Justin
9 had died?

10 A. Yes, I think so.

11 Q. Did you, as a result of the phone
12 call then go to the ward?

13 A. Not right then. I think I got --
14 I was not sure who called me and what had happened.
15 I went the next day and I think I saw there was a
16 lab sheet which suggested that there was a blood
17 level which was high.

18 Q. Did you actually see the level?

19 A. Yes, I saw the level.

20 Q. I take it the fact that Justin
21 Cook, who had not been prescribed digoxin, having a
22 high digoxin level was a matter of great surprise to
23 you?

24 A. That is correct.

25 Q. That feature was certainly unexpected.

A. That is right and when I checked



J8
1
2 my orders to see if I had unknowingly ordered digoxin
3 I said, gosh, this is just incredible.

4 Q. Do you have any information
5 that may assist us in determining who drew up the
6 drug that was in the syringe taped to the foot of Justin
7 Cook's bed that you used to administer medication
8 to him at the outset of that resuscitation?

9 A. No, I don't know.

10 Q. Did you observe or learn anything
11 that night, Doctor, at any time before Justin Cook
12 died or indeed after these discussions that followed his
13 death that might explain how he received digoxin
14 when it had not been prescribed for him?

15 A. No I don't know.

16 Q. Did you at any time, prior to
17 his death, Doctor, administer digoxin to Justin Cook?

18 A. No.

19 Q. Did you observe anybody else
20 doing so?

21 A. No.

22 MS. CRONK: Thank you very much, Doctor.
23 Those are my questions.

24 THE COMMISSIONER: Thank you. Mr.
25 Fischer

MR. FISCHER: I would ask that we not



J9

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

follow the usual order in the cross-examination.

Mr. Brown wishes to do the cross-examination and he will not be available until after the lunch break. If you would permit it perhaps we can do it that way.

THE COMMISSIONER: All right. Miss Rae?

MS. RAE: No questions at this time.

CROSS-EXAMINATION BY MS. CECCHETTO:

MS. CECCHETTO: I was going to move to the podium, but I don't think Ms. Cronk would appreciate it.

MS. CHOWN: Mr. Commissioner, if I rise at this point, Dr. Kantak is my client in the usual course of events.

THE COMMISSIONER: I'm sorry.

MS. CHOWN: I am simply rising and I checked with Mr. Roland, as well, and we don't have any questions at this time, but I would like to reserve my rights.

THE COMMISSIONER: You are absolutely right. I had forgotten. It is Monday and I cannot remember from Thursday to Monday.

Well, let's see what we can do for Miss Cecchetto. I won't call on either of you two until the end of Miss Cecchetto.



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

J10

MS. CECCHETTO: Could you have Exhibit 383 please. Doctor, you began on ward 4A and 4B March 3rd, is that correct?

A. Yes, that is right.

Q. So you would have began at approximately the same time as Dr. Kobayashi?

A. Yes.

Q. And Dr. Kobayashi has told us that he was involved in the arrest or not involved in the arrest, but he dealt with the babies, Jordan Hines and Barbara Gionas, and he also indicated that he was very surprised at their deaths. He told us that he discussed his surprise with the other residents. Did he discuss it with you?

A. He may have. I do not recollect. That is what he said.

Q. You discussed your surprise of the various arrests with Dr. Kobayashi, did you not?

A. Sure.

Q. You told us this morning that generally among the residents there was a discussssion about the concern about the number of deaths?

A. That's correct.

Q. And about the pattern of deaths?

A. Well, not really the patterns of



1

2

deaths. We discussed deaths, but we didn't set any pattern to them.

3

4

5

Q. Did you discuss the fact that there was a feeling that several of these children were stable prior to death?

6

7

A. Yes, I said we were impressed by how they could be all right one time and could turn sour, could just turn bad. They were sick babies.

8

9

10

Q. Doctor, you have told us this morning that at least with respect to Pacsai and your involvement in that case, you were very surprised when he died?

11

12

13

A. I was surprised. I don't know if I was very surprised.

14

15

Q. You were surprised?

16

A. Yes.

17

18

Q. Would it be fair to say that you hadn't been instructed that he would turn to the worse and go into an arrest situation?

19

A. Yes, that is correct.

20

21

Q. So to that extent, although he may have been a sick baby, you didn't expect that he would die on that particular evening?

22

A. That is correct.

23

Q. And with respect to Inwood you

24

25

J11



1
2 indicated that you were very very surprised?

J12 3 THE COMMISSIONER: Very surprised.

4 Q. Very surprised.

5 A. Okay.

6 THE COMMISSIONER: That added "very"
7 is touching a little.

8 Q. Would it be fair to say, Doctor
9 that with respect to Inwood you were shocked? Would
10 that be a fair ---

11 A. No, the cardiology ward has
12 many sick children, sick babies and some of them
13 get worse and they die. I was surprised, yes, but
14 I had not known the way you say, very, very or shocked.
15 I'm not sure of that.

16 Q. You had no cause for her death
17 the next morning when you discussed it with Dr.
18 Souliotti, did you?

19 A. There was some discussion that
20 could be some cause, like I talked before. We were
21 waiting for the pathologist to decide what really
22 had gone wrong.

23 MS. SYMES: Mr. Commissioner, I am
24 sorry. It is obviously from the room but the murmur
25 from the back of the room is louder than the Doctor.
She doesn't have a microphone. Could she please



J13

1

2

speak louder and could the Doctor speak louder as well.

3

THE COMMISSIONER: You said the murmur
from the back of the room? Is there noise coming
from the back room?

5

6

MS. SYMES: Yes, and there is also
a large amount of noise in the back.

7

8

THE COMMISSIONER: Is this a human
noise coming?

9

MS. SYMES: Yes.

10

11

12

THE COMMISSIONER: Could I ask the humans
from the back of the room not to make any noise and
could you see what you could do outside? I seem
to be insulated.

13

14

MS. SYMES: You are a lot closer to
the people.

15

16

17

18

19

20

THE COMMISSIONER: This arrangement
was designed for me. The one upstairs, or downstairs
quite often I couldn't hear the witness and I am told
the witness could be heard in every other corner of
the room, so this is a little spoiling of me for a
change. Could we not get a microphone?

21

22

23

24

25

MS. CRONK: Without any degree of
comparison you will remember that I didn't have one
either. It is my understanding there are two
microphones in the room which are designed to pick up



1
2 everything that is said. If they are not functioning
3 it is clearly not Ms. Cecchetto's fault.

4 THE COMMISSIONER: I think the
5 Administrator is going to work on it whenever we
6 rise for lunch at a quarter to one. We will just have
7 to shout.

8 MS. CECCHETTO: Doctor, the way I took
9 down your evidence this morning, in respect of Kristin
10 Inwood, was that when you returned the next morning you
11 had a discussion with Dr. Souliotti and that both of you
12 in their words, as I have them, is Dr. Souliotti
13 was real surprised and you stated this was the last
14 child you thought would turn this bad or words to
15 that effect, so is that not fair to say at least with
16 respect to this child you had a very real surprise
17 at the child's death?

18 A. Yes, that's right. I was
19 surprised.

20 Q. And although you discussed possible
21 causes and were waiting for pathology you had no real
22 explanation for the death?

23 A. We had certain postulates, but
24 not really explanations of what caused the deaths, yes,
25 that is right.

Q. Did you consider reporting this



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

Kantak, cr. ex.
(Cecchetto)

3416

1

2

case to the Coroner, Doctor?

3

A. No, not at all.

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

J15



EMT/hr

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. Did you discuss with Dr. Soulioti whether she would report the case to the coroner?

A. No, I don't remember. I do not recollect whether I talked to her.

Q. Did you ever follow up to see if they found any immediate cause of death in the next few days?

A. No.

Q. When did you first become aware of what cause of death if any was found with respect to Inwood?

A. I didn't know. I didn't know that until I read the chart. I didn't go really very much in detail.

THE COMMISSIONER: Sorry, until you read the chart when?

THE WITNESS: Today.

THE COMMISSIONER: Today?

THE WITNESS: Or yesterday.

MS. CECCHETTO: All right. Doctor, you have indicated that there was discussion among the residents about the deaths, about what was happening, what you saw on the ward.

Would there also have been discussions



1
2 in the morning meetings about what was happening on
3 the ward?

4 A. Morning rounds you mean?

5 Q. Yes.

6 A. Yes. There were some
7 broad discussions, yes.

8 Q. Dr. Kobayashi when he was
9 here indicated that the morning rounds the ward
10 chiefs would be there ?

11 A. Yes, that's the fellow, the
12 cardiology fellow.

13 THE COMMISSIONER: They had a regular
14 meeting, didn't they, in the morning?

15 THE WITNESS: They did.

16 THE COMMISSIONER: Was that part of
17 the rounds?

18 THE WITNESS: No, we had meetings
19 with the fellows. We used to go around with the
20 fellow.

21 THE COMMISSIONER: No, but I thought
22 there was a regular meeting where you sort of sat down
23 and discussed the deaths?

24 THE WITNESS: Maybe this was done with
25 the Ward Chief.

MS. CECCHETTO: Q: And the staff



1
2 cardiologists? Would they have been at these meetings?

3 A. No.

4 MR. ROLAND: Mr. Commissioner, I think
5 you are directing your mind to the morning conference
6 which occurs every morning on the Cardiac Ward; not
7 only was the death discussed but of course the treatment
8 of the various infants.

9 THE WITNESS: I thought the residents
10 were part of that?

11 MR. ROLAND: Catheterizations and so
12 on. I think the residents are part of that. In fact
13 even nurses are.

14 THE COMMISSIONER: Some nurses. You
15 don't remember having these conferences with the
16 cardiologists?

17 THE WITNESS: Yes, we used to have
18 them with cardiologists but I don't remember which
19 ones...

20 MS. CECCHETTO: Q: Did you not have
21 regular morning conferences?

22 A. Yes.

23 Q. To discuss -

24 A. Catheterization, yes. We are
25 there; residents are they, fellows are there.
Catheterization is reported to them, but each child was



1

2

not discussed as we do on the rounds by the bedside.

3

4

THE COMMISSIONER: But did they not discuss deaths?

5

6

THE WITNESS: They discussed deaths, yes.

7

8

THE COMMISSIONER: You don't specifically remember discussing Kristin Inwood's death?

9

10

11

12

13

14

THE WITNESS: No, I do not remember.

MS. CECCHETTO: Q: Dr. Kobayashi recalled that on these morning conferences they would discuss what had happened the night before and he recalled that they would discuss the fact that if there was a death the fact that the child had appeared stable.

15

16

17

18

19

Do you recall discussions along that vein?

20

21

22

23

24

25

A. No, I don't remember.

Q. Can you say whether or not these discussions occurred? You don't remember the discussions or they didn't occur?

A. I don't remember having discussed Kristin Inwood.

Q. But do you remember having discussed Kevin Pacsai?

A. I remember discussing Kevin



K-5

1
2 Pacsai not on the rounds - not on these rounds but in
3 the corridors when we talked, when we go on the rounds
4 in the morning.

5 Q. Now, Doctor, although you
6 were new to the ward, did it seem to you that there
7 were a great many deaths that were occurring on this
8 ward?

9 A. Yes, I suggested that there
10 was much more deaths than I ever observed before in
11 any of my prior experience, but we thought that ups
12 and downs and some more deaths and sometimes less,
13 and I not know if they were excessive to be concerned
14 about it.

15 Q. To the extent that there
16 may be ups and downs were you not surprised that at
17 least with respect to Pacsai and with respect to
18 Inwood these babies appeared to be stable and you had
19 no real concern when you left them?

20 A. That's true.

21 Q. And then all of a sudden they
22 took a turn and went sour?

23 A. Yes.

24 Q. So at least to you who was dealing
25 with them -

A. Yes.



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. - their clinical symptoms before they went into arrest would not have alerted you to the problem?

A. No, it didn't. It didn't alert me but it impressed upon me what babies could do, you know, a sick baby, and this has happened several times to me in my prior experience, not only cardiology patients, but babies who look fine and they were admitted on the ward. You turn your back and in an hour or two they can be really bad.

Q. Did it ever happen with this frequency? We had about seven babies in seven nights?

A. I realize that, yes, but...

Q. Did the residents ever get together and have a special meeting?

A. No, not special meeting but we discussed among ourselves unofficial, talking about the babies. We didn't have an official meeting like we have at 9:00 o'clock cardiology meeting. No.

Q. Was there ever discussion about approaching the staff cardiologists and asking them?

A. I don't remember.

MS. CECCHETTO: I have no further questions.



K-7

ANGUS. STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

Kantak, cr.ex.
(Cecchetto)

3423

1

2

THE COMMISSIONER: All right. Thank

3

you.

4

Mr. Young?

5

MR. YOUNG: Thank you, sir. I have

6

no questions.

7

THE COMMISSIONER: Miss Symes?

8

CROSS-EXAMINATION BY MS. SYMES:

9

Q. Dr. Kantak, my name is Beth

10

Symes and I represent the Registered Nurses Association.

11

I would like to turn first of all to the night of

12

Pacsai and Manojlovich's terminal events and then
finally the death of Pacsai.

13

Whether you went to bed between 1:00

14

and 1:30 is not of particular interest to me, but

15

before you went to bed what were your observations
of Manojlovich?

16

A. Okay. Manojlovich, I have

17

not reviewed the chart of Manojlovich, but from my

18

recollection I could say that that child was a sick

19

child and she had ups and downs a couple of days time

20

and prior days, before March 11th or 11 night or 12
morning, yes. She was a sick child. Yes.

21

Q. Could you please look at

22

the chart and turn to page 181 of it, please? The

23

chart is 111 and page 181.

24

25



1

2

A. 189?

3

Q. 181.

4

A. Okay.

5

Q. The nursing note which is

6

the last on page 181 charts it from 1930 to 0230 the
babe was irritable most of the night; would not feed
only 20 to 40 feed and fed thrice, I believe, at 2130,
2430 and 0200?

9

A. Yes.

10

Q. Was that what had in fact

11

been reported to you that the baby was in fact very
difficult to settle?

12

13

A. I not recollect about it
but maybe they mentioned it to me. I not remember.

14

15

Q. Do you recall noticing that
the child was crying a lot?

16

A. I not recall.

17

18

Q. Do you recall any concern
before you went to bed that this child was not well?

19

20

A. Yes, that's correct. I had
concerns that this child, that we were concerned about
this child, that's correct.

21

22

23

Q. So I gather that when the
code 23 was called for you that you were - I'm sorry,
was it code 25?

24

A. 25.

25



1

2

3

4

Q. You weren't particularly surprised then that this child had taken a turn for the worse?

5

6

7

8

A. Yes. I not knowing in what context you are putting this surprise. We are always surprised when any baby turns sour, but, yes, in that particular instance, this child, yes, we knew that she could go bad, that's correct.

9

10

Q. You knew the child could go bad?

11

A. Yes. Sick.

12

13

Q. And when you went to bed and you obviously felt secure enough that you could go to bed -

14

A. Sure.

15

16

17

18

Q. - but when the code 25 call, you went back in your mind to say that this child wasn't well during the time that you were on the ward. Is that fair enough?

19

20

A. Yes. She was sick for a couple of past days and has been sick, and I knew that it was a sick child and I went to bed, yes.

21

22

23

24

25

Q. In sum that evening this child Manojlovich was sick and I gather was not getting better. Is that fair enough?



1

2

A. Yes.

3

Q. Now with respect to Pacsai

4

I gather that after Manojlovich had been pronounced

5

dead, and it said again on page 181 at about 0335

6

in the notes; still on the same page, sir?

7

A. Same chart?

8

Q. Same chart on the same page.

9

A. Okay.

10

Q. We have CPR is stopped at

0335?

11

A. Yes. Okay.

12

Q. Did you have any role in

13

cleaning up the child or talking to the parent?

14

A. No.

15

Q. Immediately after?

16

A. On Manojlovich?

17

Q. Yes.

18

A. No.

19

Q. I gather that was it shortly

after the arrest had finished that you went to see

20

the Baby Pacsai?

21

A. That's correct.

22

Q. And Susan Nelles had been

at the arrest; is that correct?

23

A. I think she was at the arrest.

24

25



1

2

Q. And had she left then to go
and tend for her children?

4

A. Yes. That's when she came
and told me.

5

6

Q. All right.

7

A. That -

8

Q. Did she come back to
Manojlovich's room and say come and see the child?

9

A. No. Out at the nursing
station -

10

11

Q. All right.

12

A. - she told me.

13

Q. And what did she report
that she was seeing on the child?

14

A. She said that the baby isn't -
that she found some change in the baby from what she
had noticed before and that her heart rate sometimes
dropped down to the level of 60 per minute. To about
60 from 150 to 60.

18

19

Q. And I gather from your
evidence that you then went in by yourself?

20

21

A. Yes.

22

Q. Accompanied by Susan Nelles
to see the child?

23

A. That's correct. Susan by that

24

25



1

2

time was by the bed of Kevin.

3

4

5

Q. And when you went in I gather you did in fact clarify that the child was bradycardic?

6

7

A. Initially no. He looked fine and then I observed him for a few minutes and he went very bradycardic.

8

9

10

11

Q. And I gather that you said that was not unusual because - or you didn't think the bradycardia was that unusual because he might have been a bradycardic child?

12

13

14

15

16

A. No, I said his heart rate dropped considerably more than the norm which we allow for an infant. For example before I went to bed I observed his heart from 90 to 120 or 140 but this time bradycardia was more severe going to 60, 50, yes. That's what I meant.

17

18

19

20

Q. So that the level of bradycardia was below even the lowest range of the normal that you would have felt comfortable in seeing the child?

21

22

A. Yes. That's what we mean by bradycardia, yes.

23

24

25

Q.

But that was a concern for you?



1

2

A. Yes. Sure.

3

Q. And you have also said that

4

there was a further concern, and that is that the

5

child was turning blue?

6

A. Yes. Off colour. Not blue.

7

Q. I'm sorry, off colour?

8

A. Yes.

9

Q. And I gather that was a

further change?

10

A. That's correct.

11

Q. And both of those things,

12

that is that the heart rate was now 20 to 30 beats

13

per minute less than the normal, lower end of the

14

normal in fact?

A. That's correct.

15

Q. And the fact that the child

16

was going off colour during these, both of these

17

things were of concern to you?

18

A. Sure.

19

Q. And they were a real concern?

20

A. Sure.

21

Q. Did you then get Dr. Ng

and Dr. Costigan for their opinion?

22

A. Yes. Dr. Ng was there after

23

that and Dr. Costigan was there, that's correct. I

24

25



1

2

talked about this to both of them.

3

Q. Did you go out and get them?

4

A. Yes.

5

Q. And they came in and looked;

6

made their own independent assessment of the child?

7

A. That's correct. With me.

8

Q. While Dr. Ng who was the

9

fellow and you were looking at the child, you for the
second time?

10

A. Yes.

11

Q. Dr. Ng for the first time?

12

A. Yes.

13

Q. Did you have further episodes

14

of bradycardia?

15

A. Yes.

16

Q. Did you also have the baby

17

go off colour?
A. I not recollect how many times
he went off colour but the very fact that we observed,
even once observed bradycardia with off colour was
a very great concern to all of us.

18

19

20

21

22

23

24

25



DM/ac

L-1

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. While Dr. Ng was there
did you see the 2 to 1 block?

A. No, it was afterwards,
after we did a full EKG that was normal and
we went by just observation that he had bradycardia
and went off colour, and that was a concern to
us, and afterwards it was I went inside that
I found the 2 to 1 block which I showed Dr. Costigan,
Dr. Ng was not there.

Q. So in other words are
you saying that the 2 to 1 block occurred after
Dr. Ng had gone home?

A. Yes. I do not know, I
am sorry I do not know if he has gone home but
he was away from the wards, yes.

Q. And Dr. Ng did not see
the 2 to 1 block?

A. No.

Q. So is it when you saw
the 2 to 1 block that was yet a third bad sign
on this child?

A. Absolutely.

Q. And is that when you got
Dr. Costigan up from ICU to hasten the transfer to



L-2

1

2

ICU?

3

A. No. Dr. Costigan saw

4

that 2 to 1 block, that is when he went off the

5

ward to make an arrangement for his transfer to

6

the Intensive Care Unit.

7

Q. And when Dr. Ng, before

8

Dr. Ng left, did he order any tests?

9

A. No. We decided that we

10

would do a full EKG and start digoxin, and that is

11

all what was planned on him.

12

Q. In other words was there

13

any further exploration to be done as to why this

14

child was experiencing bradycardia at 60 and going

15

off colour?

16

A. We had following question

17

that suggested; one was sepsis or infection; the

18

other one was congenital heart block; and the third

19

one was that he may have aspirated, and that is

20

why we stopped his feeds and put him on IV.

21

Q. With respect to the

22

sepsis, the fact that the child was on antibiotics

23

was an answer to that, is that correct?

24

A. That is correct, but

25

we could not control all of the infections with the



L-3

1

2

two antibiotics that she was getting that was covering the majority of the infection but still the child would be septic.

3

4

5

Q. Were any more tests ordered to try and isolate the particular type of sepsis?

6

7

A. Well that was not ordered at that time, no.

8

9

Q. The second thing was you said it might be a congenital heart defect.

10

11

A. Congenital heart block, or conduction abnormality, I'm sorry, conduction abnormality.

12

13

Q. If that was a possibility what did you do to try and eliminate that?

14

15

A. Okay. We planned on doing a halter monitor on the child the next day, it is a 24 hour monitor on the child and that was planned on him in any case.

16

17

18

Q. Is that recorded anywhere in your notes, or in your orders?

19

20

A. I do not remember having done that.

21

22

Q. Could you just check the Doctor's orders for me, would it be in the Doctor's

23

24

25



L-4

1

2

orders? If you were going to do a halter monitor
the next day.

3

4

A. I do not think I ordered
at that point, but we did talk about it. No,
I don't see that here.

5

6

7

Q. Was that a discussion that
you had with Dr. Ng?

8

9

A. That's correct.

10

11

Q. You have written no
notes on this particular child?

12

13

A. I am sure not.

14

15

Q. That is just Dr. Costigan
who was the Chief Resident, is that correct?

16

17

A. Yes.

18

19

Q. And he was the resident
from the ICU that night?

20

21

A. Yes.

22

Q. Is there any reason whv
you did not chart your concerns?

23

24

A. We discussed but we
didn't chart it, it is not for any particular
reason.

25

Q. So with respect to a
problem in the conduction.



L-5

1

2

A. Yes.

3

Q. You were going to run

4

a halter monitor series?

5

A. Yes, sure.

6

Q. What was the third

7

possibility, aspiration?

8

A. Aspiration, and we did

order a chest x-ray on the child.

9

Q. Where did you order

10

the chest x-ray did you say?

11

A. Just a second would you

12

give me a few minutes please. Okay, if we take

13

68 page number:

14

" Chest x-ray done now please check."

15

Q. Where is that?

16

A. This is a transfer summary

on page 68.

17

Q. This is a transfer summary

18

to the ICU?

19

A. That is correct.

20

Q. That is after the child

has gone to the ICU, is that correct?

21

A. No, this is before with

22

the child that was sent, and I have written down

23

24

25



L-6

1

2

here "chest x-ray are done now please check", that
is all I have written.

3

4

Q. When you and Dr. Ng

5

were trying to go through the various possible
causes.

6

A. Yes.

7

Q. For the child's deterioration.

8

A. Yes.

9

Q. Was chest x-ray, were both

10

aspiration and chest x-ray explored?

11

A. Yes.

12

Q. And as a Doctor did you

13

order that to be done immediately?

14

A. Yes.

15

Q. Was that done?

16

A. Yes, it says "chest x-ray

17

down now".

18

Q. That was after the time

19

that you decided to transfer him to the ICU.

20

A. Yes, after we decided to

21

transfer him to the ICU, that's right.

22

Q. So that the discussion

23

then - no further blood tests were ordered by

24

Dr. Ng.

25

26



L-7

1

2

A. Sure.

3

Q. And the halter monitor

4

which was discussed is not in the chart.

5

A. Sure, it could not be

6

done that night. We wanted to, and the examination

7

of his chest didn't show any abnormality in the

8

lung, so we discussed that was a possibility, yes.

9

Q. So that after 3:35 o'clock

10

and say to 4:00 o'clock there was a real grave

concern about the health of this child?

11

A. Yes.

12

Q. And the child did not

appear to be getting better.

13

A. That's correct.

14

Q. What you are saying is

15

that you stayed with the child essentially

16

throughout the rest of the night through the transfer

17

to the ICU, is that correct?

18

A. Yes, I remained throughout

19

with the child. in the ward, on and off, inside

20

with Kevin, discussing outside, coming back out again

21

and talking to people and that is all I did the whole

night, that is correct.

22

Q. Did you call Dr. Ng again?

23

24

25



L-8

1

2

A. No.

3

Q. Do you know if Dr. Costigan

4

called Dr. Ng?

5

A. I don't know.

6

Q. Now I would like to ask

7

you about Justin Cook. Could you please look at

8

his chart, I think it might be easier. I would

9

like to ask you about the day shift, what time did
you come on duty?

10

A. 9:00 o'clock - 10:00 o'clock.

11

Q. A.M., 9 to 10 a.m.?

12

A. Yes.

13

Q. If you would just look

14

at page 26 of the chart, starting in the daytime.

15

A. I have it.

16

Q. When you arrived I gather

17

the child was to go to the Cath. Lab for a
procedure, is that correct?

18

A. That is correct.

19

Q. And did you go, did you

20

attend as well?

21

A. The catheterization

22

procedure?

23

Q. Yes.

24

25



L-9

1

2

A. No, I did not attend.

3

Q. And it is charted that

4

the child came back at about 1:15 o'clock in the
afternoon from the heart cath., is that correct?

5

A. Is that --

6

Q. That is page 26, at
the bottom.

7

8

A. Yes, it is written down
here, yes.

9

10

Q. I gather that after the
child comes back from the Lab that there are real
concerns about that child for the immediate period
after the procedure, is that correct?

12

13

A. Yes.

14

15

Q. The child is closely
monitored every 10 to 15 minutes?

16

A. Sure.

17

18

Q. And in this particular
case the leg, the right leg was purple and cool
and the fetal pulses were not palpable?

19

A. Yes.

20

21

Q. Is that as a result of
the heart catheterization?

22

A. Yes.

23

24

25



L-10

1

2

Q. And is that of concern?

3

A. It is of some concern, yes.

4

Q. Do you have any idea how

5

long the catheterization was?

6

A. How long?

7

Q. How long the child was

away?

8

A. I do not remember but

9

probably two hours or something like that, I am

10

not sure.

11

Q. That is quite a long

12

procedure, isn't it?

13

A. Yes.

14

Q. What I mean is from the

time he was taken from the wards to the time he

15

was brought back.

16

A. I am not sure exactly.

17

Q. Dr. Kantak, if you have

18

a child with severe abnormalities.

19

A. Yes.

20

Q. Does it sometimes take

longer and is the process more difficult to define

21

these abnormalities during the heart catheterization?

22

A. Sure.

23

24

25



L-11

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. And as a result is it necessary to use more dye in order to get a clear picture as to what is wrong?

A. I'm not sure of that because I am not an expert on that, I don't know?

Q. When Cook came back one of the concerns was that he had undergone a fair amount of stress during the catheterization, was that a concern?

A. Dr. Freedom came and talked to us about his catheterization report. I do not remember he mentioned what problem, difficulties he had while catheterizing the child. I am sure - Justin had a very severe congenital heart disease and he may have some problem. I do not recall, I do not recollect what difficulty he had.

Q. Perhaps you could help me, he had a TET spell at about 6:00 o'clock p.m.

A. That is correct.

Q. Is the TET spell in any result of the catheterization that had occurred earlier?

A. I'm not sure, I don't know.

Q. Now you had said that when



L-12

1

2

the TET spell occurred in the afternoon that
Dr. Jedeikin was with the child and you were not.

4

A. Sure, yes.

5

Q. And you were over in fact

6

on 4B?

7

A. Yes, the opposite side,

8

yes.

9

Q. And you said that when
you were called to the room you were called there

10

by Dr. Jedeikin, is that correct?

11

A. Yes.

12

Q. And I believe that you
said that a second dose of Propranolol was given?

13

A. Yes, I think so.

14

Q. Can you please tell us

15

why you think there was a second dose?

16

A. Why there was second dose?

17

Q. Yes.

18

A. Why it was given?

19

Q. No, why you think that

20

Dr. Jedeikin gave two doses of Propranolol?

21

A. Because probably he

didn't respond partially to the first dose.

22

Q. Well if you would look at

23

24

25



L-13

1

2

the top of page 27.

3

A. Yes.

4

Q. We have charted by the

5

nurse who had care of the child and perhaps you
will accept that as given, Mrs. Scott.

6

A. Yes.

7

Q. That at 1800 hours the

8

child became very pale and cyanotic and the
respirations were laboured.

9

10

A. Yes.

11

Q. She then says:

12

" Inderal 0.42."

And I can't read that.

13

A. CC. per --

14

Q. "IV were given by Dr.

15

Kantak and Jedeikin and oxygen

16

given. "

17

A. Yes.

18

Q. Now the charting shows

19

one administration of Inderal.

20

A. That I understand.

21

Q. Not two.

22

A. Yes, I'm not sure. I

23

recollect that it was given when I was there and I

24

25



L-14

1

2

do not remember --

3

Q. You were there when

4

Inderal was given?

5

A. Yes.

6

Q. You were not there when

Dr. Jedeikin might have given it before?

7

A. Yes, he did mention to

8

me that he has given --

9

Q. Jedeikin mentioned to

10

you that he had given it?

11

A. Yes, I mean he came in

12

and he called me and he asked me to see the child
with him, yes.

13

Q. Did he at that time tell

14

you that he had given --

15

A. Yes, I think so but I

16

was not present at that time.

17

Q. The fact that it is not

18

charted by the nurse who had care of the child,

19

isn't it possible that you are mistaken and in
fact only one dose of Inderal was given?

20

A. I do not know why it was

21

not charted, what I said was what I remembered at
that time.

22

23

24

25



L-15

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. Well there is another possibility Dr. Kantak, and that is that the child was to receive oral Propranolol.

A. Sure.

Q. At 6:00 o'clock p.m.

A. Okay.

Q. And in fact it is our understanding that the nurse, Sui Scott, tried to give the child the oral Propranolol at that time. Is that possibly what had occurred?

A. I don't know, I really don't know.

Q. Because I believe that she has charted that she gave that at 1800 hours.

A. I don't know, I don't know.

Q. You don't know?

A. No, I don't know.

Q. Now when you came into the room at the call from Dr. Jedeikin.

A. Yes.

Q. Who was there?

A. You mean in terms of nurse.

Q. Dr. Jedeikin was there.



ANGUS. STONEHOUSE & CO. LTD.
TORONTO. ONTARIO

KANTAK, cr.ex.
(Symes)

3446

L-16

1

2

A. Yes.

3

Q. You were there.

4

A. Yes.

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



RD.jc
M

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q Was the child's nurse, Sui
Scott, there?

A I don't remember.

Q She is a nurse from Malaysia,
does that help you at all?

A No.

Q It doesn't help you?

A No.

Q Was the charge nurse or team
leader there?

A No, I don't think so, but I
don't know. I don't remember, I am sorry. I don't
remember.

Q When you came in what was
happening immediately upon your arrival?

A There was a nurse there.

Q A nurse?

A I don't know who. I think there
was a nurse, but there may be two. I don't know. The
second thing --

THE COMMISSIONER: I am sorry, we
are talking about the 6 o'clock incident.

THE WITNESS: Yes, I was there.
Dr. Jedeikin was there and I do not remember which
nurse or how many nurses were there.



M. 2

1

2

MS. SYMES: Q All right. When
you walked in did you look at Cook?

4

A Yes.

5

Q What did you see?

6

A On Cook?

7

Q Yes.

8

A He was blue, as usual. His
heart rate was normal. We auscultated him. He had a
faint murmur present. His chest area looked all right.
His respirations looked all right and he was no
different from when I saw him after admission except
he may be a little more blue or something like that.

12

13

Q As time progressed what
happened to Cook?

14

A Just then he improved.

15

Q He improved?

16

A Yes.

17

Q Did Jedeikin give him any drugs
when you were there?

18

19

A I said he gave propranolol to
him. We give propranolol to him.

20

21

Q I am asking you before Jedeikin
gave him the propranolol that you saw was there any
change in Cook's condition?

22

23

A He was, as I said, blue and

24

25



M. 3

1

2

maybe slightly more blue so we gave him more
propranolol for him.

4

Q. Wait a second. You come in and
Cook is blue?

5

A. Yes. I came in with Dr. Jedeikin.

6

Q. Does Cook get bluer while you
are watching him? Does his condition get worse?

8

A. He improved after giving the
second propranolol.

9

10

Q. Dr. Kantak, I am trying to
bring you to the point before the Inderal is given.

11

A. He was bluer than what I saw
him in the morning.

12

13

Q. When you came in you said he
was blue, when you came into the room?

14

15

A. Sure.

16

Q. Did he get worse?

17

A. Okay. All right, I got what
you are asking. He was blue, okay. He didn't get
more blue or get murmur, but his murmur was not of
the same quality or same intensity as we had seen
before, that we had heard before. I think that
prompted us to give more propranolol to him.

18

19

20

21

22

Q. Now, who called out for the
propranolol, you or Jedeikin?

23

24

25



M. 4

1

2

A. I don't remember.

3

Q. Was it in the room or did

4

someone have to go and leave the room to go and get
it?

5

6

A. I knew that was the next
question. I don't know.

7

Q. You don't know?

8

A. I don't remember. That is what

9

I was thinking just when you asked the first question.

10

Q. Let's just take questions one

11

at a time.

12

A. Yes.

13

Q. Do you recall if someone had to

14

leave the room in order to give the Inderal?

15

A. I don't remember.

16

Q. Can you recall whether or not

17

there was any anxiety in waiting for the drug to
arrive?

18

A. You are putting the same

19

question, just framed differently. I don't remember.

20

Q. Can you remember anyone

21

bringing in the crash cart?

22

A. No.

23

Q. Do you remember the crash cart

24

coming in at all?

25



M.5

1

2

A. No, I don't remember .

3

Q. You don't remember?

4

A. No.

5

Q. Do you remember the anxiety

6

level being fairly high about the child who was blue
and getting bluer?

7

A. You are asking the same question.

8

I don't remember.

9

THE COMMISSIONER: You don't remember

10

whether the child got bluer? The child did improve

11

with the second dose of propranolol?

12

MS. SYMES: Yes, Mr. Commissioner.

13

I am asking before.

14

THE COMMISSIONER: Yes. I understand.

15

He doesn't remember.

16

THE WITNESS: I don't remember.

17

MS. SYMES: Q. You have no

18

recollection of the events, but at some point someone
gives him Inderal?

19

A. Yes.

20

Q. IV?

21

A. Yes.

22

Q. IV push?

23

A. Yes.

24

Q. Was that you or Jedeikin?

25



M.6

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. No, I didn't play any part in the injection, I think Dr. Jedeikin gave the injection.

Q. Do you recall at all the routine that was gone through in that administration?

A. Well --

Q. That is, who handed him the drug?

A. No. I'm sorry, I didn't, because I was caught by surprise, because the child turned blue and I was not there. I was just next door, so in my mind I was thinking I had to keep a more closer watch on him. Such kind of thing I didn't think about what was going on by myself.

Q. Dr. Kantak, would you agree with me that there was a real urgency to get that propranolol into this child?

A. The propranolol is one dose which was given. I don't remember those, but just thinking back, propranolol would help in there, because the first dose was already administered isn't it?

Q. Well, we have got a problem with that first dose. It is not recorded anywhere on the chart. If you are in error and, in fact, the chart is correct, there was only one dose of Inderal and you say you were present for that?



M.7

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. I was present for one dose. I do not know of the higher dose. I didn't see it and I didn't know who gave it. I do not know. I presume, I understood from Dr. Jedeikin that it was done.

Q. But Dr. Kantak, can you remember there being a real concern or anxiety that this child had to receive this Inderal quickly at 6 p.m.?

A. I don't remember.

Q. You don't remember?

A. No.

Q. Do you remember any verification that, in fact, here was the Inderal and checking it out?

A. I don't remember, I'm sorry.

Q. I gather that after Dr. Jedeikin gave the Inderal the child pinked up, sort of like magic?

A. No, not pinked up. He doesn't pink up; he is blue. He had been blue all the time. He doesn't pink up, but he looks better in the sense that his blue colour improves a little bit. He is less blue, he is more pronounced. His activity is a little better in the overall observation of five or ten minutes.



M.8

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q Dr. Kantak, did this improvement
happen quickly?

A After the second dose, yes.

Q After the only dose that you saw?

A Whatever you say, yes, but yes,
he improved.

Q Did it happen quickly, sir?

A Yes.

Q And after he had improved I
gather it was decided that Inderal should be kept at
the bedside; is that correct?

A Yes, that's correct.

Q Do you recall discussing that
with Jedeikin in Cook's room?

A No. We discussed it inside,
talking, but when we sat down we checked the dose,
how much to be given and what is to be done and we
said -- I remember even the place where we sat down
in the Hospital, by the nursing station.

Q So your recollection is that
it was at the nursing station?

A That is correct.

Q And you have then no recollection
of the nurse coming into Cook's room and showing you
or Jedeikin two ampules of Inderal?



M.9

1

2

A. No, I don't.

3

Q. Do you have any recollection

4

of seeing ampules of Inderal by the bedside, that is
not taped to the end of the bed, but by the bedside?

5

A. No.

6

Q. At any time during the night

7

do you recall seeing them there?

8

A. No.

9

Q. So your last part of this is

10

that you recall discussing with Jedeikin that Inderal
should be kept on the end of the bed?

11

A. That is correct.

12

Q. And you have no recollection as

13

to who did it or when it was done?

14

A. Right. You are right.

15

Q. And so I gather that at 6 p.m.

16

after this tet spell, that you were really concerned
this child might have another one?

17

A. Sure, yes.

18

Q. And you kept a fairly close eye

19

on this for the rest of the evening?

20

A. That's correct.

21

Q. And then you went to bed at

22

about 1 o'clock?

23

A. Yes.

24

25



M.10

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MS. SYMES: Is this a convenient
time?

THE COMMISSIONER: Yes. How much
longer do you think you have?

MS. SYMES: I would imagine about
15 minutes.

THE COMMISSIONER: All right. We will
rise now until 2:15 p.m.

--- Luncheon recess.

-

-



AA-1

EMT/hr

1

2

--- Upon resuming

3

THE COMMISSIONER: Yes, Miss Symes.

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. SYMES: Q: Dr. Kantak, just

before the lunch break I was asking you about the

sequence of events at 6:00 p.m. with respect to

Justin Cook. The nurse who was in charge that day,

Marie Mandal, gave evidence at the preliminary inquiry.

It is found in Volume 14 at page 27 and I would ask

that it be - you have a copy there?

A. I have.

THE COMMISSIONER: No, I don't think

you have. We will share it.

MS. SYMES: Q: Starting on page 27

there is a discussion with respect to the oral

propranolol that was due at 1800 hours.

Would you check, please, on the chart

of Cook which is Exhibit No. 116 at page 17 if you

can follow me. Do you see this is the medication

treatment record. Do you have it in front of you,

Doctor Kantak?

A. Yes.

Q. The order for propranolol

is 3 milligrams - PO is quote by mouth, is that correct?

A. That's right. Per Os.

Q. And it was due then at 1800



1

2

hours on the 21st; is that correct?

3

A. The 21st, yes.

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. Okay.

Q. That would be an oral

administration; is that correct?

A. Sure.

Q. Not turning to page 27 of

the preliminary inquiry, approximately line 18, it is:

"Q. Go on, please, Miss Mandal.

A. I was sitting at the desk. I am
not quite sure what I was doing - "

THE COMMISSIONER: I'm sorry, page 27?

MS. SYMES: Page 28 now. Line 18.

THE COMMISSIONER: Yes.

MS. SYMES: Q:

"I was sitting at the desk. I'm not
quite sure what I was doing and I
remember Dr. Jedeikin come saying Marie
come quickly into 418. I just got up
and rushed into 418 with him and Justin
Cook was lying on his bed and he was



1

2

blue.

3

Q. What time would that have been at?

4

A. Around 6:00 o'clock, shortly after
he had the propranolol.

5

6

Q. Yes.

7

A. And Dr. Jedeikin was listening to
his heart and he sent Mrs. Scott out

8

to draw up some I.V. propranolol and

9

I turned up the oxygen to 100 per cent

10

because Justin was on 40 per cent.

11

Q. Yes.

12

A. And it seemed - the seconds seemed

13

like hours. He seemed to be getting

14

blackier and blackier, and Dr. Jedeikin

15

sent me to call Dr. Kantak, the

16

resident doctor.

17

Q. Yes.

18

A. And he was on 4B and I yelled for

19

him to come over to 4A and with him

20

came Mrs. Bracewell the team leader on
4B."

21

Now does that help your recollection

22

that it was Marie Mandal who went to get you, the
charge nurse?

23

A. No, I don't know. I not

24

25



AA-4

1

2

recollect that.

3

Q. Do you recollect something

4

entirely different?

5

A. No. I remember Dr. Jedeikin

6

calling me; calling to my recollection. I think Dr.

7

Jedeikin called me.

8

Q. You think it was Dr. Jedeikin?

9

A. Yes.

10

Q. I just want to go through the
next sequence:

11

"Q. Yes.

12

A. And as I was going out to call

13

Dr. Kantak I remember sort of knocking

14

very hard on the door, the medication

15

door, and telling Mrs. Scott to hurry.

16

When she came back into the room I

17

grabbed the crash cart as I went into the

18

room because anything I needed would

19

have been on the crash cart.

20

Q. Where was the crash cart?

21

A. It is just outside of 4A and 418."

22

And then it is shown where the crash cart is on the
diagram, and the answer:

23

"A. So, as I went back in -

24

Q. You are indicating it was on the

25



1

2

south side of the Corridor A.

3

A. I pulled it into 418 straight

4

across as I was going back in."

5

Now does that help your recollection

6

as to the crash cart being brought in during the
procedure?

7

A. No.

8

Q. And then there is a discussion

9

about whether or not digoxin is on the crash cart

10

and it is determined that it's not. Does that accord

11

with your recollection that digoxin was not on the

12

crash cart?

13

A. No. No.

14

Q. No to which way, sir.

15

A. No, I do not recollect anybody
pulling the cart nor where they got digoxin.

16

Q. My question to you, sir,

17

was digoxin kept on the crash cart?

18

A. I don't know.

19

Q. You don't know?

20

A. No.

21

Q. On page 30:

22

"Q. All right. So you brought that
into the room and what happened?

23

A. Mrs. Soott came back in with the

24

25



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

propranolol drawn up in a 3 cc syringe and Dr. Jedeikin said he wanted it in a T.B. syringe because he would have better control.

Q. He wanted it in a T.B. syringe, a 1 cc syringe.

A. Because he had better control of the amount he was giving the baby." Does this help you at all recall -

A. I'm sorry, it doesn't, no.

Q. Can you explain if it is indeed accurate if Mandal's recollection of the event is accurate why would Jedeikin want it in a 1 cc syringe and a 3 cc syringe?

A. I don't know I don't remember that conversation taking place. Probably he wanted 1 cc syringe because he could inject less amount. Otherwise in 3 cc amount you cannot inject exact amount. But I was not there at that time so I don't know. I don't remember being there.

Q. Well, let's read the next thing up.

"Q. Yes.

A. So I drew up the propranolol from the crash cart and gave it to Dr.



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Kantak, and he - it has always been my, since I have been a nurse, if the doctor is giving the drug intravenously he is giving it so I give him the ampoule to check.

Q. Yes.

A. So he checked the ampoule that it was propranolol.

Q. It was propranolol?

A. Yes.

Q. Where did you obtain it from?

A. The crash cart. "

A. No, I don't remember. I'm sorry, I don't remember.

Q. Well, Dr. Kantak, when you were called at 0345 hours in the morning because Cook was ill again -

A. Yes.

Q. - I gather wasn't it a surprise to you that this child had a second tet spell or blue spell?

A. Yes, it was not a surprise but I wanted to act on it right away.

Q. No, but you were ordering constant nursing care?



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A. Sure.

Q. And a syringe of Inderal
at the end of the bedside because he might have
another blue spell?

A. Sure, yes.

Q. So the fact that he had
another blue spell in the middle of the night, whereas
not hoped for, it was not unexpected? Is that fair?

A. Yes, that's correct.

Q. When you came to look at
Cook at 0345 -

A. Yes.

Q. - did he look the same as
he looked at 6:00 p.m.?

A. No. He looked worse.

Q. He looked worse?

A. Yes, he looked blue. He
looked more blue and on examination I didn't hear
any murmur.

Q. Aside from the degree of
severity, that is bluer than at 6:00?

A. Sure.

Q. Was it the same presenting
condition?

A. Yes. He turned subsequently



1
2 worse.

3 Q. So he looked the same at
4 6:00 p.m. -

5 A. Initially.

6 Q. - only worse?

7 A. Yes.

8 Q. And I gather then that you
9 took, you personally took one syringe from the end
10 of the bed?

11 A. That's correct.

12 Q. And I gather that you
13 administered some drug from that syringe?

14 A. That's correct.

15 Q. Now you had said originally
16 you thought it was a 5 ml syringe?

17 A. Yes.

18 Q. Is that the same as a 5 cc
19 syringe?

20 A. Yes, that's right.

21 Q. Well, obviously a 5 cc is
22 even bigger than a 3 cc?

23 A. That's correct.

24 Q. If Dr. Jedeikin did not wish
25 to administer the drug at 6:00 p.m. in a 3 cc syringe
can you answer how you could have measured with any



1
2 degree of accuracy the drug from a 5 cc syringe?

3 A. Well, I think to the best
4 of my recollection I thought it was 5 cc. I not
5 know.

6 Q. It might have even been 3 cc?

7 A. It might be 1 cc.

8 Q. You have no idea?

9 A. I don't know. I thought
10 5 cc syringe was a 1 ml there, and this is what I
11 remember. But I can't guarantee.

12 Q. When you administered the
13 first amount of the drug which you thought was Inderal
14 or propranolol at 0345 I gather that there was
15 essentially no response; is that correct?

16 A. Yes, that is correct.

17 Q. Would you turn to page 29
18 of the chart, and in that nursing note for March 22nd
19 1981, there is the charting that on his arrival (he
20 being Dr. Kantak) propranolol was administered. The
21 baby remained moderately cyanosed. Extremities were
22 cool and baby's respirations were laboured plus plus.

23 Is that an accurate charting of what
24 occurred?

25 A. The baby was cyanosed. Didn't
respond very well to propranolol I gave. Extremities



1
2 were cold, I could say that. Respirations were
3 laboured . I don't know what she really means by
4 laboured because respirations are so many per minute,
5 and the type of breathing, I don't know what she means
6 by laboured breathing.

7 Q. What did you observe about
8 respirations?

9 A. Well, respirations were
10 all right.
11
12 -----
13
14
15
16
17
18
19
20
21
22
23
24
25



DM/ac

BB-1

1

2

Q. She has then charted:

3

" Another dose of Propranolol was
administered at approximately
0355. "

4

5

A. Yes.

6

7

Q. " Dr. Jedeikin called
before this last administration of
of Propranolol. "

8

9

A. Yes.

10

11

Q. It then states:
" That it was after the second
administration that the baby's
apex began to dip. "

12

13

A. That is correct.

14

15

Q. And "was approximately
72".

16

A. Okay.

17

18

Q. So after you administered
the second dose of Propranolol in fact things got
worse, didn't they?

19

A. No.

20

21

Q. The baby's heart rate starts
dropping.

22

A. I don't think so.

23

24

25



BB-2

1

2

3

Q. Are you saying the
charting is inaccurate?

4

5

6

7

8

9

10

11

12

A. Well I'm not saying the
chart is inaccurate. What I am trying to say
is what I freely found there. I gave the second
dose of Propranolol, I expected the bradycardia
and the side effects of Propranolol, otherwise
he improved, he improved a little bit clinically,
his cyanosis was less marked and his murmur could
be heard, I checked that, and I expected his heart
rate to go down because of one of the effects of
of Propranolol.

13

14

Q. There is nothing in the
chart to indicate that there was any improvement
after the Propranolol was given?

15

16

A. I don't know. What I
am saying is what I found.

17

18

19

Q. Then we have the next
part is that Atropine was given at this point with
good effect, is that fair?

20

21

A. Yes.
Q. His heart rate increased
did it?

22

23

24

25

A. That is correct.



BB-3

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. Then it says and then
Morphine was given.

A. Yes.

Q. Now Dr. Kantak Morphine
is a controlled drug, isn't it?

A. Yes.

Q. Controlled drugs are
kept under lock and key?

A. Yes.

Q. In the narcotic cupboard?

A. Probably, I don't know,
yes, that must be the case.

Q. So it is unlikely that
a narcotic would be kept on a crash cart, isn't it?

A. I don't know. To tell
you the truth, I don't know, probably.

Q. If narcotics have to
be locked up they can't be left on top of crash
carts?

A. Sure.

Q. So that would mean wouldn't
it that a nurse or someone would have had to have
left that room to go and get the Morphine.

A. Probably, if it was locked.



BB-4

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. And you have no
recollection of that?

A. No, I don't remember.

Q. And the Atropine, where
was it obtained from?

A. What I suggested, I
thought both were taken from the crash cart. Now
you have pointed out here that Morphine was kept
under the lock, I don't remember the Morphine I
thought both were taken off from the crash cart
and drawn and given to me, I am not sure.

Q. Now you were there at
6:00 o'clock p.m. when the baby had a blue spell
and the Propranolol turned the baby around.

A. That's correct.

Q. And it happened fairly
quickly?

A. Yes.

Q. So when you went at
3:45 o'clock the child appeared to you to be having
another blue spell?

A. That is correct.

Q. Just that he was bluer
or worse than at 6:00 o'clock p.m.?



BB-5

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A. Yes.

Q. Were you surprised that the administration of what you thought was Propranolol seemed to have little effect on the child?

A. No, I was not surprised, because some of these children respond very well, some children do not respond well. Even those who respond well on the first occasion that doesn't mean he will respond on the second occasion. So it didn't surprise me.

Q. It didn't surprise you?

A. No, that is the reason why I injected another dose.

Q. Now what role did you play in the resuscitation efforts?

A. Well once Dr. Jedeikin came in Dr. Jedeikin was in charge. I was there to stand by to help him. The things went on so fast that within about a couple of minutes, maybe seconds, a minute, a code was called; so the Anaesthetist was there and after the 25 the 25 Team was there so they took over, they intubated the baby and the rest like that. Dr. Jedeikin participated



BB-6

1

2

directly in the care of the patient and I was
there just as a standby, watching.

3

4

Q. After the child was
pronounced dead, did you observe the nurses?

5

6

A. Yes.

7

Q. Were they upset by the
death?

8

9

A. Yes, they were upset
with the death.

10

Q. Were they crying?

11

A. I think so.

12

Q. It was a fairly stressful
arrest, wasn't it?

13

14

A. Sure, all the arrests
were stressful. All the arrests are stressful and
all the arrests were stressful.

15

16

Q. And after the baby had
been pronounced dead, what did you do, personally?

17

18

A. In what context are
you asking?

19

20

Q. After you left the
room what did you do?

21

22

A. I was there in the ward.

23

24

Q. Yes.

25



BB-7

1

2

A. In the nursing station.

3

Dr. Jedeikin, I do not remember if he called

4

directly from the ward that he wanted me, I think

5

he went away and called Dr. Fowler, they talked and

6

he took charge of the whole thing, about taking

7

samples and all that. I didn't know that, and

8

he talked, he contacted the parents wanted to

9

talk to them.

10

Q. Did you have any role in

the cleaning up of the child or the room?

11

A. Oh, no.

12

Q. Did you have any role

in discussing this matter with the parents?

13

A. No.

14

Q. Did you discuss this

15

matter at all with the nurses?

16

A. No.

17

Q. Why the baby had died?

18

A. No, I didn't.

19

Q. Did you discuss the

matter with Dr. Jedeikin?

20

A. Not at that time, no.

21

Q. When did you discuss it

22

with him?

23

24

25



BB-8

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A. We discussed it I think together the next day if I remember with the resident and the fellow very briefly.

Q. What was the content of that discussion?

A. Oh the discussion was, you know, as we discussed all other patients, we discussed this child too, you know, the course of the arrest and how he died.

Q. What was the conclusion?

A. The only thing surprising was that he had a ventricular bradycardia, the rest is he was a very sick baby and that is the type of children are known to take this type of course, but only surprising was the ventricular fibrillations were present and that child could not be resuscitated from there.

Q. I gather was it the opinion of Dr. Jedeikin and the others that this death was not unexpected?

A. That is correct.

Q. That it looked like a second blue spell.

A. Pardon me?



BB-9

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. A second blue spell
from which he could not be resuscitated.

A. Yes. He got a blue spell
and then got into problems, yes.

Q. Were there any other
suggestions as to the cause of death?

A. Justin had a very abnormal
structural heart lesion and again, if you look
at the anatomy of the heart in Justin's case the
prognosis were not good, not that good, so I
suppose that structural lesion to me could have
caused the death, sure.

Q. Now was that put forward
as the most probable cause of death?

A. Yes, I think so.

Q. And did you have any
lingering doubts about this child?

A. No, I did not.

MS. SYMES: Those are my questions,
sir.

THE COMMISSIONER: All right.
Thank you. Mr. Labow?

MR. LABOW: If Mr. Brown has any
questions Mr. Commissioner I would appreciate him



BB-10

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

proceeding.

THE COMMISSIONER: Would you appreciate it if Mr. Labow went first?

MR. BROWN: At this point, sir, I really don't care, we have no questions.

THE COMMISSIONER: That solves that.

MR. LABOW: I knew that Mr. Commissioner I just wanted to surprise you.

THE COMMISSIONER: You just wanted to commit him to that position.

CROSS-EXAMINATION BY MR. LABOW:

Q. Good afternoon Doctor, my name is Stephen Labow and we represent the parents of Kristin Inwood, amongst others. Now you have already told Ms. Cronk that you did the initial admission of this child: the child looked fine and stable and you ordered a number of things.

A. That is correct.

Q. At page 75 of the chart in your top order you ordered an EKG.

A. That is correct.

Q. Do you recall if you checked her EKG at the time?

A. No, I have not checked it



BB-11

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

myself, but I have talked to - to my recollection
I have talked to the fellow who said the EKG
looked normal, whatever the EKG findings were.

Q. Your recollection is
at the time?

A. Yes, at this time.

Q. You spoke to someone who
checked the EKG that you ordered?

A. That is correct.

Q. Now we have heard that
the EKG showed signs of digoxin toxicity and that
was the reason that your order for digoxin was
not carried out.

A. I'm not aware of that.

Q. Do you know if there was,
aside from the fellow that you recall speaking to --

A. That is correct.

Q. Do you know if there was
anyone else on the ward that evening, any other
doctor who might have cancelled your orders?

A. I don't know, I do not
know.



RD/hr

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. So you weren't aware of the decision?

A. No.

Q. To not give digoxin?

A. No.

Q. Now, your further order at 10:00 o'clock that night was to do digoxin levels once a week?

A. That's correct.

Q. Was that just a standard order for patients on digoxin?

A. Yes, that's correct.

Q. And there was nothing particular that lead you to make that order?

A. That's correct.

Q. Now, you told Miss Cronk that you saw her before she went to sleep and Kristin wasn't in any difficulty?

A. That's correct.

Q. And that you saw her in the morning and that there were no problems or complaints by the nurses?

A. That's correct.

Q. Do you recall when it was when you saw Kristin in the morning?



1

2

A. Kristin is on the same room
as Kevin Pacsai. Am I correct?

4

Q. Yes.

5

6

7

8

9

10

A. Okay. Nurses had mentioned
to me that Kristin had no problems that morning, so
the first time I saw her was after they came and told
me that digoxin was given twice the dose to him. I
went over and saw the child and then on the rounds
at 8:00 o'clock in the morning or 9:00 o'clock in
the morning -- 8:00, 8:30 something like that.

11

12

13

Q. You have already told us
that you had ordered Kevin Pacsai's digoxin held
at about 4:00 o'clock in the morning of the 12th?

14

15

16

A. That's correct.

17

18

19

20

Q. And the incident reported
indicates that Kristin Inwood would receive a mistaken
dose of digoxin at about 5:30?

21

22

23

24

25

A. Okay.

Q. So unless there was a mistake
regarding your order for Pacsai and a mistake for
Inwood she probably didn't receive Kevin Pacsai's
digoxin?

A. Probably.

THE COMMISSIONER: Before everybody
else agrees with this, couldn't they have prepared



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Kevin Pacsai's order?

MR. LABOW: It is possible, but my understanding was digoxin was drawn up only an hour or so before it was suppose to be given, generally.

Q. Do you recall when you were told that there had been a mistake about the Kristin Inwood's digoxin administration?

A. I put the order in.

Q. So you were told --

A. Right away.

Q. -- at 0600?

A. That's right.

Q. And you immediately made the order?

A. That's right. I remember having written it down immediately.

Q. Did you order anything else to be done with regards to this child that she be watched carefully in any particular way?

A. No.

Q. On page 61 of the Hospital record there is a note by nursing assistant, Lyons which to my understanding, Mr. Commissioner, was written at the end of her shift. She had the long night shift on the 11th. It was written on the 12th in the



1
2 morning but it was the end of her long night shift on
3 the 11th.

4 MS. CRONK: To help you with that,
5 sir, if I may, Mr. Labow spoke to me about this
6 earlier. As you know, it is not our intention to
7 call Mrs. Lyons as a witness before you. She has
8 confirmed in an interview with Commission staff,
9 as Mr. Labow suggests although the note is dated
10 March 12th it reflects her observations during the
11 long night shift on March 11th, so there shouldn't
12 be a misunderstanding by virtue of the date, itself.

13 Q. Her note indicates the
14 child was in no apparent stress, so it supports what
15 you have just told us that there didn't seem to be any
16 problem with the child?

17 A. That's correct.

18 Q. Now, you were on during
19 the day on March 12th?

20 A. Yes, until 5:00 o'clock.

21 Q. Were you on particularly
22 on Ward 4A or Ward 4B or both Wards?

23 A. I think I had scheduled the
24 patients on both sides.

25 Q. Do you recall any concern
being expressed that day regarding Kristin Inwood's



1

2

condition?

3

A. No.

4

Q. Do you recall the nurses

5

being overly concerned, because she had received this
mistaken dose of digoxin?

6

A. They were concerned.

7

Q. Early in the morning?

8

A. They were concerned that she

9

received two doses, but not about her condition.

10

Q. No her condition was fine.

11

They were just worried because of the two doses?

12

A. That's correct.

13

Q. There was nothing clinically

wrong, no clinical change in her condition?

14

A. That's correct.

15

Q. Do you recall while you were

16

on the ward any over concern by the team leader on

17

her side -- it was Mrs. Bracewell is my understanding --
that day?

18

A. No.

19

Q. You left at about 5:00 o'clock

20

p.m.?

21

A. Yes.

22

Q. And turned all your patients

23

over to Dr. Soulioti who was on that night?

24

25



1

2

A. That's correct.

3

Q. You have already told us that

4

Kristin Inwood was normal, very stable and you didn't
expect any problems?

5

A. Yes.

6

Q. I take it then you didn't

7

give her any special instructions or anything to

8

look out for before you left?

9

A. No, that is correct.

10

Q. You came back to work on

11

the 13th and Dr. Soulioti told you that Kristin Inwood
had died?

12

A. That's correct.

13

Q. And you were surprised?

14

A. Yes.

15

Q. You told Ms. Cronk that you

16

discussed it with the doctor?

17

A. That's correct.

18

Q. Did Dr. Soulioti mention any

19

particular concern expressed by the nursing staff
during the night?

20

A. No, she didn't mention it to

21

me. I don't remember having her mention that to me.

22

Q. () You discussed this amongst

23

yourselves, that is the residents?

24

25



1

2

A. Yes.

3

Q. Did you discuss it with the
cardiac fellow?

4

5

A. I think we did very briefly.

6

Q. Do you recall discussing it
with Dr. Heilbut?

7

8

A. She was in charge of the
ward at that time, yes. I think that is the person
we discussed it with.

9

10

Q. Do you recall her indicating
that one of the causes of this death might be that
things slowed down at night?

11

12

A. What do you mean, I'm sorry?
What slowed down?

13

14

THE COMMISSIONER: I guess it is the
heart.

15

16

Q. I'm not quite sure but I
am asking pursuant to the metabolism of the patient,
the patient's own body.

17

18

A. I don't understand that. I
don't know.

19

20

Q. Do you recall that ever being
put out as an explanation?

21

22

A. No.

23

Q. Now, it was put to you that

24

25



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

Kantak, cr.ex.
(Labow)

3486

CC-8

1

2

you were surprised and that this was an unexpected
death?

3

4

A. That is correct.

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



RD/ac

CC.2.1

1

2

3

4

Q. As a resident did you
ever report a case to the coroner?

5

6

A. No.

7

Q. Was it the resident's
job to report a case to the coroner?

8

9

10

11

12

13

A. I don't know but we
rotate through that ward every month and a
new resident comes every month , so I think it
should be in concert with other people who are
there prominently, like the immediate access we
have is the Fellow and then the staff person.

14

15

Q. Now, from what you recall
about any discussion you might have had with the
Cardiac Fellow --

16

17

18

A. Yes.

Q. -- Did you explain your
surprise to him?

19

20

21

22

23

24

25

A. Yes, we talked, you know.
The very discussion is not to put forth our surprises,
but rather we try to solve what the problem was
on the child, what could have caused her death,
rather than putting to her is that we are all



CC.2.2.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

surprised. We usually discuss the case.

Q. There wasn't anything
done from there?

A. No.

Q. That you know of?

A. That I know of, yes.

Q. I thought you told
Miss Cronk today that there was no satisfactory
explanation here and that the staff might have
been suspicious. Is that what you said? I didn't
quite understand what you were saying.

A. Can I say it is a hindsight?
I don't know.

Q. You are only speculating?

A. Speculating, yes.

Q. There wasn't any
indication that anyone was suspicious?

A. If they were I don't know.
It could be. I could have been. I don't know.
I just speculated.

Q. Now, we have heard evidence
that a serum sample from this child revealed a
digoxin level of 491 nanograms per millimeter.
Assuming that that is a reliable reading would you



CC.2.3.

1

2

agree that that would account for this child's
surprising, unexpected death?

3

4

A. Oh, yes, sure.

5

MR. LABOW: I have no further
questions.

6

7

THE COMMISSIONER: Yes, all right.

Thank you. Mr. Shinehoft?

8

CROSS-EXAMINATION BY MR. SHINEHOFT:

9

10

11

12

13

14

Q. Dr. Kantak, my name
is Jack Shinehoft and I represent the parents of
the Baby Pacsai. I understand you have this chart
before you in Exhibit 106. Could you turn to page 64.
There is what appears to be a transfer note there.
You perchance did not write that note, did you, at
the top?

15

A. Yes, I have it.

16

Q. Is that your note?

17

A. Yes, that is correct.

18

Q. You are the first person
who has admitted, Doctor.

19

20

MS. CRONK: Probably because it is
his.

21

22

23

24

25

Q. A lot of people have been
asked whose note that is and finally we have the answer.



CC.2.4

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

The information that you used in regard to this transfer summary, from whence did it come and how did you get this information?

A. Okay. The first few lines are from the report I got from Jeff and Jeff admitted the child, so he I got the information from the notes accompanying the patient.

Q. Yes.

A. Subsequent information is my information when I took over and the examination and what happened and the investigation, which you see lower down that, at 64 page is investigation which I received from the blood samples sent at 5:00 o'clock.

Q. I see. Now, the note in the second paragraph where it says "On admission looked pink" --

A. Yes.

Q. Do you see that?

A. Yes, I do.

Q. It is curious, Doctor, and you have confirmed that evidence this morning, you said he looked pink to you.

A. That's correct.



CC.2.5

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. It was the evidence of Dr. Kobayashi who said the baby was pale. This evidence is found, Mr. Commissioner, in volume 142, page 2822. Dr. Kobayashi has said that when he first saw him he was pale. Could you perhaps offer an explanation as to why he looked to Dr. Kobayashi to be pale and yet you indicated that the baby looked pink to you?

A. Pink and pale are such words which -- his hemoglobin had been 12.8. With 12.8 of hemoglobin, I don't know, he looked pink to me.

Q. Okay. You have given evidence that he was in Toronto to try to determine what the problem that precipitated his hospitalization in Hamilton was. Is that right?

A. That is correct.

Q. I think you refer to it as extreme shock.

A. That's correct.

Q. Yet, when he arrived in Toronto, he certainly wasn't in extreme shock, was he?

A. No, no, not at all.



CC.2.6

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Would you characterize
his condition as relatively normal?

A. Yes.

Q. Stable?

A. Yes.

Q. And, you felt that he
was in no immediate distress when you first examined
him?

A. No.

THE COMMISSIONER: You felt he was
not in distress, is that it?

THE WITNESS: Yes, that's correct.

Q. Your information, Doctor,
came initially from Dr. Kobayashi; is that correct?

A. Yes.

Q. Did you ever speak
to Dr. Schaffer about this child?

A. You mean at this time?

Q. At this time, yes.

A. No, I do not remember
having spoken to Dr. Schaffer.

Q. Then your evidence says
the next time he had anything to do with the child
was after the arrest of Michelle Manojlovich and that



CC.2.7

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

was about 3:35 o'clock in the morning?

A. That's correct.

Q. Now, is it your evidence, Doctor, that you went in and you examined this child by yourself?

A. Yes, absolutely.

Q. Because that isn't the evidence that either Susan Nelles, nor Phyllis Trayner have given. Can you offer any explanation as to why they thought -- I have the references -- that both you and Dr. Ng examined the child for the first time?

MR. BROWN: Perhaps we could have the reference. I'm not sure whether that indeed is the testimony

MS. CRONK: I will stand to support my friend, Mr. Brown. You will recall, sir, that I referred to it this morning. It was Miss Nelles' evidence that Dr. Kantak saw the child with Dr. Costigan first, but on a subsequent occasion Dr. Ng and Dr. Kantak observed the baby and there was a third occasion involving Dr. Costigan and Dr. Kantak, but not Dr. Ng.

THE COMMISSIONER: Obviously all three Doctors were there. I wonder how important it is who



CC.2

1
2 was first and who was second.

3 MR. SHINEHOFT: It is not that
4 important. There has been some evidence to the
5 contrary.

6 Q. You recall specifically
7 going in and examining this child by yourself?

8 A. Yes.

9 Q. And who was in the room
10 at that time, Doctor?

11 A. I think Susan was there
12 with the patient.

13 Q. And how about Phyllis
14 Trayner, was Phyllis Trayner there?

15 A. I don't remember.

16 Q. Was there any comment
17 made by any of the nurses or, more specifically,
18 Susan Nelles about his monitor?

19 A. Yes, about his getting
20 episodes of bradycardia.

21 Q. Was there any comment
22 to the effect that the monitor was going all over the
23 place?

24 A. You know, this monitor,
25 if the baby is shaking or something, it goes off.



CC.2.3

1 It goes all over the place. If the baby is steady
2 and the baby is resting then the monitors come back
3 to normal again.

4 Q. I see, so how long did
5 you examine him at that time, Doctor? Would it
6 have been a short period of time?

7 A. A short period, five or
8 ten minutes, five minutes maybe. Five or ten minutes.

9 Q. Then you left?

10 A. Just out of the ward.

11 Q. You were out of the ward.
12 Then you were called back again?

13 A. Out of the room, I am
14 sorry, but in the ward.

15

16

17

18

19

20

21

22

23

24

25



DD/EMT/LN

1

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. Okay. And then you were called back again.

A. I not remember if I was called or I went myself. I can't remember that. But I think one thing is certain that I did go and see Kevin for a number of occasions.

Q. Okay. But on one of those occasions you went to see him with Dr. Ning; is that correct?

A. That's correct.

Q. And what precipitated Dr. Ning's being there?

A. Okay. Dr. Ning was there for maybe the child Manojlovich.

Q. Manjlovich?

A. Yes. All right. So I thought it my duty to discuss with him because he being there and I discussed with him after seeing the baby. We went together there and saw him.

Q. This is after the first time you had examined him?

A. That's correct.

Q. And Dr. Ning, he looked at the child?

A. Yes.



DD2

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. Correct?

A. Yes.

Q. And did he feel that there was any change in the child at all?

A. He didn't - during the time he was there he did not even find - the child didn't even have an episode of bradycardia.

Q. So the child seemed perfectly stable at that time?

A. That's correct, to both of us.

Q. And then Dr. Ning went and left the ward?

A. Correct.

Q. But he didn't tell you where he was going or -

A. Yes, he did - he did an EKG at that time. He checked the EKG and then he left.

Q. Right.

A. After making some suggestions.

Q. And then is it your evidence you stayed on the ward at that time?

A. That's correct.

Q. And you didn't leave the child at all?

THE COMMISSIONER: Didn't leave the ward.



DD3

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

THE WITNESS: Didn't leave the ward.

MR. SHINEHOFT: You didn't leave the ward? But you did leave the room of the child?

A. Yes.

Q. Did Dr. Ning ask you to remain with the child?

A. He asked me to observe the child closely.

Q. I beg your pardon?

A. He asked me to observe the child closely.

Q. Yes. And that's what you were doing while you were on the ward?

A. Yes.

Q. Where you involved with any other children on the ward while you were out of the child's room?

A. Not any major problems except double digoxin dose just given to Kristin Inwood.

Q. Yes.

A. Not to my knowledge. There was no other child was sick or really serious at that time.

Q. So what were you doing - my question is what were you doing when you were out of the room on the ward, Doctor?



DD4

1
2 A. Well, I was either calling in,
3 talking to Dr. Costigan or Ning or waiting to go
4 again inside to see the baby again.

5 Q. Did Susan Nelles ask you to
6 come back and take another look at the child?

7 A. May have been. I don't remember.
8 May have been.

9 Q. Did she ask you to do some blood
10 work on this child?

11 A. I don't recollect if she asked
12 me to do blood work.

13 Q. Did she try to explain to you
14 that something very strange was going on as far as
15 this child was concerned?

16 A. No. The only strange thing was
17 happening was I recollect she told me the child was
18 having episodes of bradycardia and the child was
19 going off colour.

20 Q. You don't recall her asking you
21 to do blood work on the baby or that there were
22 strange things happening with the baby?

23 A. No. But what blood work was
24 she referring to?

25 Q. I don't know. All I can tell
you is Phyllis Trayner's evidence at the preliminary



DD5

1
2 hearing, and I don't know the Volume, Mr. Commissioner,
3 but it is at page 902 - she gave evidence that she
4 was there and there was some questioning of you as to
5 trying to do this blood work.

6 You don't recall that?

7 A. No, I don't recall.

8 Q. Do you recall saying to any of
9 the nurses that you thought they were overreacting.

10 A. Me saying that?

11 Q. Yes.

12 A. No, in fact I understood their
13 concerns.

14 Q. I see. Do you recall any
15 conversation or do you know a lady by the name of
16 Lynn Johnstone?

17 THE COMMISSIONER: Supervising Nurse.
18 I think if you would let him on that secret.

19 MR. SHINEHOFT: She is a Nursing
20 Supervisor, Dr. Kantak.

21 A. No, I don't remember.

22 Q. Do you recall ever receiving any
23 phone call from her?

24 A. No.

25 Q. Do you recall having any
conversations with her?



DD6

1
2
3 A. No, I do not.

4 Q. Do you recall her asking you to
5 all Dr. Costigan to have him come and examine the
6 child?

7 A. I do not remember.

8 Q. You don't remember? Is it
9 possible, Doctor?

10 A. Possible I suppose.

11 Q. Would you know this lady if you
12 had seen her?

13 A. If you show me her face I won't
14 remember, I'm sorry.

15 Q. So is it your evidence, Doctor,
16 that you were the one that initiated the call to
17 Dr. Costigan to bring him up to examine the child,
18 to have the child transferred to ICU?

19 A. Yes. Costigan was there. Dr.
20 Costigan was there in there in the ward.

21 Q. But I understand that he left.
22 Is that right?

23 A. He was there - he was resuscitating
24 Baby Manojlovich and then he was there and I talked
25 to him about the baby.

26 Q. Didn't you just give some
27 evidence that when you were out in the ward -



DD7

1
2 A. Yes.

3 Q. - after leaving the room of
4 Kevin Pacsai that you called him on the phone?

5 A. Called Dr. Costigan?

6 Q. Yes.

7 A. No. The only time I called Dr.
8 Costigan was when the baby went bad and I had to
9 rush him - transfer the child up to intensive care.
10 He was there - he was there resuscitating the baby,
11 yes.

12 Q. Did he not come on two occasions
13 Doctor? Did he not come once and then leave and then
14 come back again?

15 A. Yes, that's correct.

16 Q. And I am asking you about what
17 happened to get the Doctor back again for the second
18 time. You are saying you called him?

19 A. I called him only once when the
20 baby went bad, but he was in a very stressful situation
21 and I talked to him about it. He asked if there
22 was any other child sick on the ward and I talked to
23 him about this child too and we went and saw the
24 child and then he may have left and may have come
25 back again.

Q. Did you go physically with Dr.



DD8

1
2 Costigan to the ICU?

3 A. Yes, I did.

4 Q. And was the child carried or
5 was he pushed in a crib or how did the child go?

6 A. I don't remember. I was thinking
7 hard but I don't remember.

8 Q. Do you recall who was with you
9 when you went to the ICU?

10 A. I think I was there, Dr. Costigan
11 was there and Susan was there.

12 Q. Were there any other nurses there?

13 A. I don't remember.

14 Q. Do you know a Mrs. Christie, Mrs.
15 Marianne Christie?

16 A. The mother.

17 Q. No, she is an RN. She works at
18 the Hospital. Do you know her?

19 A. No, I don't.

20 Q. Do you recall seeing anyone at
21 the front desk when you were wheeling the child down
22 to the ICU? Do you recall -

23 A. No.

24 Q. Do you recall what elevator you
25 took to get to the ICU?

A. Yes, I know the elevators.



DD9

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. Were they the ones that were in front of the desk?

A. Yes.

Q. The nursing station?

A. That's correct.

Q. And you accompanied Dr. Costigan to the ICU and did you stay there with him?

A. Few minutes, maybe, I came on the ward.

Q. And what did you see if anything was done to this child during the period that you were there in the ICU?

A. Kevin was transferred to the ICU bed and monitors were placed. I showed him the transfer notes which someone had written and I asked him if he wanted any other information and he said we will get in touch with you if we want it, and I walked up to the ward because - particularly to be sure that nothing is wrong on the ward.

Q. So you are saying you conveyed this information to Dr. Costigan or people in the ICU?

A. No, Dr. Costigan.

Q. Okay. He was one of the persons in the ICU. I think there was a female doctor in charge of the ICU, is that not correct?



DD10

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A. Yes, but he plays a major part in the transfer of the child and assuming responsibility once the child is transferred.

Q. Now after the death of Kevin you indicated you discussed his death with one of the staff cardiologists. Do you recall giving that evidence?

A. Yes, briefly. We discussed almost all patients, yes.

Q. And you said that you thought it was Dr. Freedom?

A. Dr. Freedom and I went to the intensive care but I not remember which faculty member I discussed this patient with.

Q. It is possible it was Dr. Fowler?

A. He was on the ward at that time.

Q. I think the evidence we have heard so far I believe is that Dr. Freedom was not in the Hospital at the time that Kevin Pacsai died?

A. That's correct.

Q. Do you recall what they said or did they have any explanation as to what caused the death of this child?

A. This child was a sick child and he had severe episode up in Hamilton and he was



DD11

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

transferred for investigation of that episode. He may have a similar episode in our Hospital but not really the underlying cause, and I remember having talked about the pathologists' report to see if he has any conduction abnormality and talking about it; we may never find what caused his death, if he had any conduction abnormality.

Q. We've heard that they can do heart sections to examine for conduction problems?

A. Yes.

Q. You are aware of that?

A. Yes, I am aware, but I suppose there are limitations as in every medical field.

Q. Right. But you did learn subsequent to this this baby's digoxin levels or have you?

A. I didn't know until later that his digoxin level was high.

Q. But you found out his exact levels, did you not, sometime?

A. I think after Justin Cook when everything started moving maybe I found -

Q. Are you aware today that he had an antemortem level of greater than 10 and a post mortem of 25?

A. Yes.



DD12

1

2

Q. Are you aware of that?

3

4

A. Yes, but I not remember exactly when antemortem level was - when he was transferred to intensive care, was that 10?

5

6

Q. Well, before he arrested they drew some blood -

7

8

A. Okay.

9

10

Q. - and that level showed a reading or a value greater than 10. Were you made aware of that, Doctor?

11

12

A. No, I didn't know that.

13

14

Q. But you were aware of his post mortem level of 25?

15

16

A. Yes, that's correct.

17

18

Q. Now with your knowledge of the drug digoxin could that have caused his death, displayed the clinical symptoms that he showed when he died?

19

20

A. I suppose, yes, it could. At least -

21

22

Q. I'm sorry?

23

A. At least explain his conduction blocks, yes.

24

25

Q. That is one of the symptoms of digitalis toxicity is a heart block?

26

27

28

A. That is correct.



DD13

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. Had you ever seen a value of 25 before?

A. Once, but that was - yes, once before.

Q. And had that child died as well?

A. No, no. Unfortunately - fortunately not. That was a mistake, not in the Hospital for Sick Children. That was somewhere else, and he was given two doses, two extra doses of digoxin. It was miscalculated, so I have seen only once this happening.

Q. And was it that level, 25?

A. Yes, 25, exactly.

Q. Other than that had you ever seen a level of that magnitude before?

A. No.

MR. SHINEHOFT: I see. Thank you very much, Dr. Kantak.

THE COMMISSIONER: I am assuming, Mr. Olah and Mr. Tobias you are just here for the exercise?

MR. TOBIAS: No, I have a great deal of questions, Sir, but in deference to you I will pass.

THE COMMISSIONER: Mr. Olah, the same thing?



DD14

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MR. OLAH: You will be glad to know
I have no questions.

THE COMMISSIONER: All right. Now,
Mr. Roland?

MR. ROLAND: The only question I have
is really not a question at all. It is just a matter
of information.

As I understand it, and I don't think
this is on record, Doctor, if you go to page 64 of
Kevin Pacsai's chart and then you turn to page 68,
am I correct that all of that, both on page 64 and
then skipping over to page 68 is your note, and
68 should follow immediately after page 64?

THE WITNESS: That's correct.

MR. ROLAND: Thank you.

MS. CHOWN: Thank you. I have no
re-examination.

THE COMMISSIONER: Miss Cronk?

MS. CRONK: Thank you, sir.

RE-EXAMINATION BY MS. CRONK

Q. Doctor, I have just a few
questions for you. Could I ask you to look if you
would at Michelle Manojlovich's chart if you still
have it there Volume 111. You remember that your
attention was drawn by Ms. Symes during your discussion



1
2 with her to the nursing note that appears at page 181
3 of the chart.

4 You remember looking at that, the
5 nursing note?

6 A. That's correct.

7 Q. I wish to draw your attention,
8 Doctor, to what I take to be your own note with
9 respect to this child which starts at page 180,
10 starting at page 180. It is dated March 12th, 1981,
11 at 3:00 a.m.

12 Do you see that?

13 A. Yes.

14 Q. Could you just take a moment
15 Doctor, and refresh your memory by reading to yourself
16 the first part of that note if you would and then I
17 have a question for you.

18 - - - -



DM.jc
EE

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

THE COMMISSIONER: It is something like an examination question, you are asked to read it through and you don't know what the question is going to be.

MS. CRONK: Q Have you read the first page, Doctor?

A. Yes.

Q Doctor, as your note records the child was transferred to the ward and it appears to me that you have on Saturday, but then that is crossed out, it is my understanding that she was transferred back to the ward on March the 8th. But it appears does it not that at the time of her initial transfer back to the ward she was generally in rather poor condition and that is what you have noted and recorded in your note?

A. That is correct.

Q This note I take it would have been made at the time, as you told us earlier today, at the time that you were summoned by virtue of the Code 25 to the child's arrest?

A. That's right.

Q And you would have been describing then her condition immediately prior to her arrest in the day and the night before, do I have



EE.2

1

2

that correctly, the 11th of March?

3

A. Yes.

4

Q. And the morning of March 12th

5

up until the time of her arrest?

6

A. Yes.

7

Q. Am I correct further, Doctor,

8

that although her initial condition on transfer to
the ward appeared to have been poor, your observation
as noted in the medical record was that she had in
fact improved that day?

10

11

A. That is correct.

12

Q. According to your observations

13

and your judgment her colour had picked up?

14

A. Yes.

15

Q. That also had improved, and

she was feeding better than she had before?

16

A. That is right.

17

Q. Can you help me with the next

18

note, Doctor: "She was in ... "?

19

A. Oxygen 75 per cent of oxygen.

20

Q. Is that a good sign?

21

A. I don't know, she had been on

the oxygen for a time.

22

Q. But she continued to require

23

assistance?

24

25



EE.3

1

2

A. Oxygen, yes.

3

Q. Her vitals however were stable?

4

A. Correct, I noted the vitals.

5

Q. I am sorry, I didn't hear that?

6

A. I noted the vitals, her oxygen,
her heart rate and her blood pressure.

7

8

Q. I was going to come to that,
you have indicated that her vitals generally were
stable, and her heart rate you have recorded as being
130, is that 130 to 140, or 130 to 160?

10

11

A. 130 to 140.

12

Q. Was there any difficulty with
that, a perfectly normal range?

13

14

A. Yes.

15

Q. What about her respirations,
Doctor?

16

17

A. A little on the high side but
they had been there in that range all the time.

18

19

Q. Is that 80 to 90 or is it
respirations 40, I am having difficulty reading your
writing?

20

21

A. Respirations 40, and blood
pressure 80 to 90, systolic.

22

23

Q. Is that something to cause you
concern?

24

25



EE.4

1

2

A No.

3

Q It is clear, however, if we

4

turn to the next page and look again at the nursing

5

note, that according to the nurse's observations

6

that are recorded in her chart that once again her

7

vital signs were stable, do you see that, page 181

8

of the nursing note for the 12th of March:

9

"Her vital signs continued to be
stable."

10

A Yes.

11

Q Her apex was 120 to 144, that

12

is roughly in the range that you recorded?

13

A That is correct.

14

Q Her respirations were 44 to 48,

15

again in a similar range to what you had noted?

16

A That is correct.

17

Q Nothing of concern in that

18

pattern. Would it be fair, Doctor, it is also
clear according to the nurse who recorded these

19

observations that the baby had been irritable through

20

the night and demonstrated some difficulty in feeding,

21

isn't that so?

22

A Yes, that is what the nurse's

note tells me.

23

Q And finally the nurse also

24

25



EE.5

1

2

indicated that the apnea episode which led to the
arrest and caused the need for the resuscitation was
sudden.

4

5

A. Yes.

6

Q All of a sudden the baby wasn't
breathing, isn't that so?

7

8

A. That is correct.

9

10

11

12

13

14

15

16

Q Doctor, in light of your own
observations that you made, having seen the child when
he was still on the ward before you went off to the
residents' quarters, and the observations noted by
the nurse, would it be fair to suggest that although
this child had a poor prognosis in the hospital and
indeed had not been doing very well when she initially
appeared on the ward, the day and the night before
she died she was in fact considered to be improving,
isn't that so?

17

A. Yes, that is correct.

18

19

20

21

Q In that context, Doctor, having
regard to what the nurse noted, the onset of the
apnea and her fatal symptoms, were they not properly
considered to be sudden?

22

23

24

25

A. They happened suddenly, yes,
but I do not know if it was an expected thing, or if
it was not, I do not know that.



EE.6

1

2

3

Q Fair enough, Doctor. I am
sorry, Mr. Commissioner?

4

5

6

7

THE COMMISSIONER: No, I thought there
were an awful lot of negatives to that question but
fortunately the doctor has worded it in the positive
when he gave you the answer. Sudden but not
necessarily unexpected, is that fair?

8

9

THE WITNESS: Yes.

10

11

12

13

MS. CRONK: Q And Doctor, when you
went off to the resident quarters that night to try
and get some sleep I suggest to you that you had no
reason to think that this child was in critical
condition?

14

A. No.

15

16

Q That she might have a sudden
turn for the worse?

17

18

A. No.

Q Clearly if you had you wouldn't
have left, isn't that fair?

19

A. That is correct.

20

21

Q Just a couple of questions on
Kevin Pacsai. Mr. Roland has drawn your attention to
the transfer summary at page 64 of the chart.

22

23

A. Okay.

24

Q Do you still have that in front
of you?

25



E.7

1

2

A. Yes.

3

Q. He has properly indicated that

4

that continues on to page 68 and appears to have been
photocopied out of order?

5

A. That is correct.

6

Q. As I understood your evidence

7

earlier today and your discussion with Ms. Symes, as

8

you remember it this transfer summary was written by

9

you at the time the child was transferred to the

10

Intensive Care Unit?

11

A. That is correct.

12

Q. Do I have that correctly?

13

A. Yes.

14

Q. That would be at 6 o'clock in

the morning of March the 12th?

15

A. Yes, that is right.

16

Q. Isn't that so?

17

A. Yes.

18

Q. Doctor, my puzzlement arises of

19

course in the fact that the transfer summary bears the
date of March 11th, do you see that on page 68?

20

A. Yes.

21

Q. The date is not handwritten,

22

it appears to be part of a plate insignia on the page.

23

A. That is correct.

24

25



EE.8

1

2

3

Q On page 68 we see it twice, do we not?

4

5

6

7

A That is correct. They may not have changed the dates because of the night and there was so much excitement going on on the ward that no one turned the thing up to 12 on those plates, because all the papers were stamped before.

8

9

Q That is an explanation as you see it for why it would bear the day prior?

10

A That is correct.

11

12

Q Would you look as well at page 64 if you would, please?

13

A Yes.

14

15

16

Q You will see, Doctor, in the very first line of your note you are describing the age of the child and the fact that he was transferred from Hamilton today?

17

A That is correct.

18

19

Q That of course is probably March the 11th, is it not?

20

21

22

23

24

25

A Yes, I know, during the night means 11, 12:30, I don't know. I think it is a mistake of mine the date, but it was 11 and the transfer somebody has written 12 morning, so I should have written down yesterday.



EE.9

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q Doctor, could you look through with me if you would please the contents of the note that you have written. As Mr. Shinehoft suggested to you the first piece of information recorded, if you will, appeared to be drawn from the history of the child at McMaster, is that correct?

A. That is correct.

Q You told Mr. Shinehoft that that was information which you believed was provided to you by Dr. Kobayashi?

A. That is correct.

Q And if we go on you then describe your own observations of the child on admission?

A. That is correct.

Q And you told us that would have been at about 5:30 or 6 o'clock on March the 11th when you took over from Dr. Kobayashi?

A. That is correct.

Q Then further on, Doctor, we see the recording of what the rhythm strip showed 2 to 1 conduction block?

A. Yes.

Q And you have told us that you observed that with Dr. Costigan later in the morning shortly before the child was transferred to the



EE.10

1

2

Intensive Care Unit?

3

A. That is correct.

4

5

6

7

Q Doctor, at any time having
admitted the child to the ward, and having taken over
from Dr. Kobayashi, did you make any notes of his
condition then?

8

A. No.

9

10

Q Or did you make this entire
note the next morning before he was transferred to
the Intensive Care Unit?

11

12

13

14

A. This entire note was made the
next morning and I have no notes written because
there was no problem, I didn't anticipate at that time
any problem so I made no notes.

15

16

17

18

19

20

21

Q My only difficulty, Doctor, and
this is perhaps easily explainable; my only
difficulty with that is that I would have thought it
would be difficult to remember the details of a
child's condition on admission if they had not been
recorded in any way, particularly if some 8 to 10
hours later you were attempting to record what in
fact you did see visually when you observed the child.
Is it possible you wrote this note in two stages?

22

23

24

25

A. No, it was written once at that
time.



EE.11

1

2

3

4

5

(2)

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q You distinctly remember having made it shortly before the child went to the Intensive Care Unit?

A Absolutely.

Q If you look to the bottom of the note, Doctor, you will see that the results of various investigations are reported?

A Yes.

Q Are those tests that were all conducted at The Hospital for Sick Children?

A Yes, I put down on the side Hospital for Sick Children.

Q And you have told us, fairly to you, that those test results were available to you at about 8 or 9 o'clock at night on March the 11th?

A That is correct.

Q So that the results that you have recorded here were available to you by 9 o'clock on the night of March the 11th?

A That is correct.

Q So that could have been written during the course of the latter part of that evening, but it is your recollection it was written the next morning?

A Yes, this was written and I



EE.12

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

summarized the whole thing what had happened the
prior night, this was written after early morning.

Q Thank you, Doctor, you have
been of assistance. There are two further matters
with respect to Kevin Pacsai. You told my friend
Mr. Shinehoft a few moments ago that before when you
learned that Kevin Pacsai had a digoxin level of 25
that that was the second time in your medical
experience that you had ever heard of a digoxin level
that high?

A. That is correct.

Q Do I have that correctly?

A. Yes.

Q And the prior occasion when you
had known of a level that high was not at The
Hospital for Sick Children, it was on another patient
in another hospital?

A. Yes.

Q Can you tell me how old that
patient was?

A. It was an infant, a couple of
days old, 10, 12, 15 days old.

Q And had that particular infant
received I believe you said it was a double dose?

A. No, it was miscalculated and in



EE.13

1

2

fact it was given by a staff person.

3

Q. It was a dose received in

4

hospital?

5

A. A dose received in the ICU.

6

Q. And the child survived you told

us?

7

A. Yes, no problems.

8

Q. And apart from that you have

9

never seen a level that high?

10

A. No, that's correct.

11

Q. One final point, Doctor. You

12

have told us several times today with respect to

13

Justin Cook that one of the features that you

14

considered to be unusual in his case was the

15

ventricular tachycardia which you noted during the

16

course of his arrest and terminal events, do I have

that correctly?

17

A. Yes. I have not seen it, maybe

(3)

18

a further person with more experience in cardiology

19

may have seen the ventricular tachycardia but I have

20

not seen ventricular tachycardia in any infants.

21

Q. That was something new to you

in an infant?

22

A. That is correct.

23

Q. And with respect to those

24

25



EE.14

1

2

3

4

physicians who were present during the arrest and resuscitation of Justin Cook, was it your impression that they too regarded that as an unusual feature?

5

A. I think so.

6

Q. Was it a matter that was discussed?

7

A. Not at length, no.

8

9

Q. Was it remarked upon during the course of the resuscitation?

10

A. No, not during the course of

11

resuscitation.

12

Q. But it was your impression

13

that that was regarded as being unusual?

14

A. Yes, that was my impression.

15

16

Q. In fact, Doctor, was not exactly the same symptom manifested by Kevin Pacsai before he died?

17

A. I don't know because I was not

18

there but in the Intensive Care Unit, probably.

19

Q. Let me back up, Doctor. We

20

know that you went with the child to the Intensive Care Unit.

21

A. Yes.

22

Q. Before the child actually

23

arrived in the Intensive Care Unit, did you observe

24

25



EE.15

1

2

any ventricular tachycardia, or ventricular
fibrillation of the child?

4

A. No.

5

6

Q And you have told us that you
stayed in the Intensive Care Unit for just a few
moments?

7

A. Yes.

8

Q Then returned to the ward?

9

A. That's correct.

10

11

12

Q And you also said this morning
as I understood it that you returned to the Intensive
Care Unit with one of the staff cardiologists and
you believed that to have been Dr. Freedom?

13

A. That is correct.

14

15

Q And you were there for a few
moments before the child was pronounced dead?

16

A. That is correct.

17

18

19

Q While you were in the Intensive
Care Unit did you personally observe, or did you hear
that the child had exhibited signs of ventricular
tachycardia or ventricular fibrillation?

20

A. I think so but I am not sure.

21

22

23

Q Could I ask you to turn to page
67 of the chart if you would, Doctor, this is Kevin
Pacsai.

24

25



EE.16

1

2

A. Yes.

3

Q. Do you have that?

4

A. Yes, I have.

5

Q. This is Dr. Costigan's note

6

we have been told describing the child's course and his symptoms and progression to arrest in the Intensive Care Unit, and I draw your attention first to the third line.

7

8

9

A. Yes.

10

Q. He indicates at 8:45 a.m.

11

approximately the child became ... I have trouble reading that; it continues: "severe bradycardia"?

12

13

A. Apneic.

14

Q. Apneic, thank you. Severe

15

bradycardia followed almost immediately by ventricular fibrillation, do you see that?

16

A. That is correct.

17

Q. He then continues at length

18

to describe certain of the symptoms and the procedures that were undertaken and then about half way down the page:

19

20

21

"No medication to settle the rhythm

22

in any one pattern he was in and out

23

of ventricular tachycardia with ... "

24

Again I have difficulty, "asystole"?

25



EE.17

1

2

A. Asystole, that is correct.

3

Q. Do you see that, Doctor?

4

A. Yes, I do.

5

Q. So it would appear would it not

6

that Kevin Pacsai as well as Justin Cook displayed

7

those symptoms during the course of his final

8

terminal events before he was pronounced dead?

9

A. That is correct.

10

Q. And in the same context I take

11

it you would regard that as unusual as you have with

Justin Cook?

12

A. That is correct.

13

Q. When you came on duty the

14

morning after Kristin Inwood had died and were

15

informed of her death by Dr. Soulioti, were you told

16

anything about the nature of the abnormalities which

had been observed in her condition before she died?

17

A. I think what she mentioned to

18

me again that Kristin had tachycardia and arrhythmia

19

but I did not remember going into details of

20

arrhythmia what she had, I do not remember. I think

we discussed that, I am not sure.

21

Q. Was your conversation with

22

Dr. Soulioti as sufficiently detailed to permit you

23

to make any comparison in your own mind between the

24

25



EE.18

1

2

symptoms that had been displayed by Kevin Pacsai
and Kristin Inwood?

3

4

A. No.

5

Q Or do you now remember
sufficient detail of the discussion?

6

7

A. No.

8

Q Doctor, you have been very
helpful. On behalf of the Commission, thank you for
coming the long distance that you have come.

9

10

MS. CRONK: Thank you very much.

11

12

THE COMMISSIONER: Thank you indeed,
Doctor. Miss Symes, is Dr. McGee available I take
it tomorrow morning?

13

14

MS. SYMES: Yes she is, Mr. Commissioner.

15

16

17

THE COMMISSIONER: 10 o'clock. I
hope she will be as busy as our last witness and will
want to get home just as early as possible tomorrow.
You can't promise me that?

18

19

20

21

As far as I know that is the last
witness that we are calling in Phase I, so we may
finish the evidence tomorrow. Until 10 o'clock
tomorrow morning.

22

23

24

25

--- Whereupon the Hearing was adjourned at 3:30 p.m.
until 10:00 a.m., Tuesday, 15th of May, 1984.

